

Scout Contact Information Sheet

2010/11

This information will be kept confidentially with the medical forms. Even if we have this information already, please fill this out and resubmit as some of this information may have changed since you last completed this sheet. **Please print neatly.**

Boy's Name _____ Date of Birth _____

Boy's home address _____

Home Phone Number _____ Boy's Cell Number _____

Boy's email _____

Boy's School _____ Boy's Grade in School _____

Dad's Name _____

Dad's Cell Number _____ Dad's Work Number _____

Dad's email _____

Mom's Name _____

Mom's Cell Number _____ Mom's Work Number _____

Mom's email _____

We are required by National BSA to keep on file the driver's license numbers and insurance liability information for all cars used to drive our boys to their events.

Please provide a copy of your auto insurance card.

Driver's Name _____

Driver's License #: _____

Auto Insurance Co. _____ Policy # _____