

Troop 957 Scout Personal Data Collection Form

Complete both sides

Name: _____ Nickname: _____

Street Address _____

Home Phone: _____
 DOB: ___/___/___ Grade: _____
 School: _____

If mailing and street address are different, write mailing address on back

Cub Scout Dates: ___/___/___ to ___/___/___ Highest Cub Badge: _____ if AOL, Date: ___/___/___

Scout's e-mail: _____ (see below for parents e-mail)

Adult data is for parents, step-parents, grandparents, or other adults that may be involved with the Scout

Adult #1 _____ Nickname: _____ Sex: M F

DOB: ___/___/___ Scout's Legal Guardian: Yes No Relationship to Scout: _____

Street Address _____

Phones Home: _____
 Work: _____
 Cell: _____
 Pager: _____
 Driver's License #: _____
 State: _____

Spouse's Name: _____

e-mail #1: _____

e-mail #2: _____

Employer: _____ Occupation: _____ Call Work: Yes No

Adult #2 _____ Nickname: _____ Sex: M F

DOB: ___/___/___ Scout's Legal Guardian: Yes No Relationship to Scout: _____

Street Address _____

Phones Home: _____
 Work: _____
 Cell: _____
 Pager: _____
 Driver's License #: _____
 State: _____

Spouse's Name: _____

e-mail #1: _____

e-mail #2: _____

Employer: _____ Occupation: _____ Call Work: Yes No

Parent's Vehicles(s) (year/Make/Model)	# Seat Belts	License Plate	Trailer Hitch	Insurance (in thousands)		
				Per Person	Per Accident	Property
_____	_____	_____	Yes / No	_____	_____	_____
_____	_____	_____	Yes / No	_____	_____	_____
_____	_____	_____	Yes / No	_____	_____	_____

Vehicle, Insurance, and Driver's License data is required for the Troop to Complete Tour Permits

-----CONTINUED ON BACK-----

Use this space for an additional adult that may be involved with Scout

Adult #3 _____ Nickname: _____ Sex: M F

DOB: ___/___/___ Scout's Legal Guardian: Yes No Relationship to Scout: _____

Street Address _____

Phones Home: _____

Work: _____

Cell: _____

Spouse's Name: _____

Pager: _____

e-mail #1: _____

Driver's License #: _____

e-mail #2: _____

State: _____

Employer: _____ Occupation: _____ Call Work: Yes No

Emergency Information – please do not relist adults listed above as they will always be contacted first.

Contact #1: _____ Phone: _____ Relationship: _____

Contact #2: _____ Phone: _____ Relationship: _____

Doctor: _____ Phone: _____

Please list doctor's first and last names

Insurance: _____ Phone: _____ Policy: _____ Group: _____

Medications/Allergies/Special Needs: _____

Has this Scout been in another Troop? If yes, please write down Troop #, City, State, and contact information.

T-shirt size: AS AM AL XL 2X 3X

What else do we need to know?