

TROOP 64 REGISTRATION FORM

PLEASE PRINT

SCOUT

LAST: _____ FIRST: _____ PHONE _____

ADDRESS: _____ CITY _____ ZIP _____

EMAIL: _____ CELL PHONE: _____

DATE OF BIRTH: _____

FATHER

HOME PHONE

WORK PHONE

EMAIL: _____ CELL PHONE: _____

ADDRESS: _____

Driver's License #: _____ ST: _____ Auto Insurance Company: _____
 Vehicle(make & model) _____ Auto Insurance Coverage: _____

ex. 100,000/300,000/100,000

MOTHER

HOME PHONE

WORK PHONE

ADDRESS: _____

EMAIL: _____ CELL PHONE: _____

EMERGENCY CONTACT(S)

HOME PHONE

WORK PHONE

Would you be willing to volunteer? Please check the boxes below where you would be willing to assist Troop 64:

- | | | |
|--|--|--|
| <input type="checkbox"/> Troop Committee | <input type="checkbox"/> Troop Secretary | <input type="checkbox"/> Equipment Chairperson |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Pancake Breakfast Committee | <input type="checkbox"/> Camping Coordinator |
| <input type="checkbox"/> Advancement Chairperson | <input type="checkbox"/> Merit Badge Counselor | <input type="checkbox"/> Treasurer |