TROOP 80, B.S.A.
On the Eagle Trail
INFORMATION FORM

DATE: _____

SCOUT
First Name: _____ Middle Initial: ____ Last Name: _____

Preferred Name: _____ Birth date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

E-Mail Address: _____

Cub Scouts: Y or N Webelos: Y or N Arrow of Light: Y or N

DAD
Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Cell Phone: _____

Home Phone: _____ Work Phone: _____

E-Mail Address: _____

Driver's License: _____ State: _____ Birth date: _____

MOM
Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Cell Phone: _____

Home Phone: _____ Work Phone: _____

E-Mail Address: _____

Driver's License: _____ State: _____ Birth date: _____

VEHICLES

Year	Make	Model	# of Belts	Plate	Insurance (in thousands) Per Person/Accident/Property
_____	_____	_____	_____	_____	_____/_____/_____
_____	_____	_____	_____	_____	_____/_____/_____