



INDIVIDUAL SCOUT RECORD



Name _____

Address _____

City _____ State, Zip _____

Phone _____ e-mail Address _____

Date of Birth _____ Date of Last Physical _____

School _____ Grade _____

Church _____

Cub Scout from _____ to _____

Pack No. _____ Council _____

Highest Rank _____ Arrow of Light: Yes No

Father's Name _____

Date of Birth _____ Driver's License # _____ State _____

Home Phone _____ Cell Phone _____ e-mail _____

Employer _____

Occupation _____ Work e-mail _____

Business Address _____ City _____ St, Zip _____

Business Phone _____

Mother's Name _____

Date of Birth _____ Driver's License # _____ State _____

Home Phone _____ Cell Phone _____ e-mail _____

Employer _____

Occupation _____ Work e-mail _____

Business Address _____ City _____ St, Zip _____

Business Phone _____

Please provide the following information on any car/truck that may be used for transporting any scout(s) to or from troop activities:

| | VEHICLE 1 | VEHICLE 2 |
|---------------------------------|-----------|-----------|
| Car Make | | |
| Car Model | | |
| Year | | |
| # of Passengers | | |
| INSURANCE POLICY LIMITS: | | |
| Each Person | \$ | \$ |
| Each Accident | \$ | \$ |
| Property Damage | \$ | \$ |