

# TROOP 33 – Scout/Parent Information Form - 2018

PLEASE COMPLETE ONE FORM PER SCOUT-PRINT CLEARLY!

Scout's Name \_\_\_\_\_ BSA# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Grade \_\_\_\_\_  check box if you moved in the last year

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Scout's Cell Phone \_\_\_\_\_

Scout's Email \_\_\_\_\_

Father's Name \_\_\_\_\_ BSA# \_\_\_\_\_

Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ BSA# \_\_\_\_\_

Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Note: If you are a registered adult, you should have a BSA #. If not, leave blank.

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Office Use Only: Check # \_\_\_\_\_ Amt \_\_\_\_\_ Date \_\_\_\_\_ Reviewed by \_\_\_\_\_

Scout: Med A (date) \_\_\_\_\_ Med B (date) \_\_\_\_\_ Med C (date) \_\_\_\_\_ Ins. Card (Y/N) \_\_\_\_\_

Father: Med A (date) \_\_\_\_\_ Med B (date) \_\_\_\_\_ Med C (date) \_\_\_\_\_ Ins. Card (Y/N) \_\_\_\_\_

Mother: Med A (date) \_\_\_\_\_ Med B (date) \_\_\_\_\_ Med C (date) \_\_\_\_\_ Ins. Card (Y/N) \_\_\_\_\_