

Scout Information:	
First Name:	
Last Name:	
Nickname:	
Patrol:	
Date of Birth:	
School:	
Grade in school (2015-2016):	9th
Earned Arrow of Light?	Yes
Address – Street:	
Address – City:	
Address – Zip:	
Home Phone #:	
Cell Phone #:	
Email address:	
Do you want this email address included in the Troop 457 email distribution list?	<input type="checkbox"/> Yes, please. <input type="checkbox"/> No, thanks.

Adult Information:		
	Adult 1	Adult 2
First Name:		
Last Name:		
Relationship to Scout:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other
<i>Please enter "same" if the following is that same as Scout's:</i>		
Address – Street:		
Address – City:		
Address – Zip:		
Home Phone #:		
Cell Phone #:		
Email address:		
Do you want this email address included in the Troop 457 email distribution list?	<input type="checkbox"/> Yes, please. <input type="checkbox"/> No, thanks.	<input type="checkbox"/> Yes, please. <input type="checkbox"/> No, thanks.
Driver's License #:		
Car year/make/model:		
License Plate #:		
# Passengers car can carry:		
Insurance coverage amount (Liability):		