

Rank: _____ Dues Paid _____ Boys Life: Y / N

Pack 700 Cub Scout Registration Form

Scout Name: _____ Age: _____
Address: _____
City/State: _____ Zip Code: _____
Home Phone: _____ Birth date: _____
School Name: _____ Grade: _____

Physician's Name: _____ Phone: _____
Physician's Address: _____
Allergies or Special Needs: _____

Current Rank and Den (returning scouts only) _____
I can volunteer to help with (see "Volunteer Needed List" for options): _____

Vehicle / Insurance Information

(This information is required by BSA to transport scouts. Please do not leave blank.)

Owner #1's Name: _____ Year: ____ Make/Model: _____
Belts: ____ Owner's DL # _____ Will everyone wear a seatbelt? Yes No

Insurance Liability (in \$K):
Per Person: _____ Per Accident: _____ Property Damage: _____

Owner #2's Name: _____ Year: ____ Make/Model: _____
Belts: ____ Owner's DL # _____ Will everyone wear a seatbelt? Yes No

Insurance Liability (in \$K):
Per Person: _____ Per Accident: _____ Property Damage: _____

Parent / Guardian Information

First Adult Name: _____ Relationship to scout: _____
Home phone: _____ Cell phone: _____ Work Phone: _____
Driver's License #: _____ Email Address: _____
Employer: _____ Occupation: _____
My Scouting Experience: _____

Second Adult Name: _____ Relationship to scout: _____
Home phone: _____ Cell phone: _____ Work Phone: _____
Driver's License #: _____ Email Address: _____
Employer: _____ Occupation: _____
My Scouting Experience: _____