

Pack 133 Cub Scout Information Sheet

Please complete and return to Cubmaster Ron a.s.a.p.

Cub Scout Information

Cub Name: _____
Address: _____
City/Zip: _____
Date of Birth: _____

Contact Information

Parent or Guardian Name: _____
Spouse Name: _____
Home Phone: () _____
Work Phone: () _____ [] ok to call
Emergency Phone: () _____
E-mail Address: _____

How reliable is e-mail contact?: [] I check my e-mail daily [] weekly [] monthly +

Medical Information

We should know about: _____

Motor Vehicle Information

Owners Name: _____
Drivers License Number: _____
Renewal Date: _____
Make / Model: _____
Year: _____
Number of Working Seatbelts: _____

Vehicle Insurance Information

Liability Coverage per Person: \$ _____
Liability Coverage per Accident: \$ _____
Property Damage Coverage: \$ _____