

# WHITE PLAINS TROOP 73

## Annual Registration Form

2011-12

### Contact Info

Scout's Name: \_\_\_\_\_

Scout's E-mail Address: \_\_\_\_\_

Scout's Cell-Phone # (if applicable): \_\_\_\_\_

Physician: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

Insurance Co. & Policy # (if applicable): \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's E-Mail: \_\_\_\_\_

Mother's Cell-Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's E-Mail: \_\_\_\_\_

Father's Cell-Phone: \_\_\_\_\_

### Vehicle Info

Mother's Drivers License Number (9 digits): \_\_\_\_\_

Father's Drivers License Number(9 digits): \_\_\_\_\_

Vehicle #1 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Insurance: \_\_\_\_\_

**\*\* Please indicate all three coverage amounts (Per Person/Per Accident/Property - ex: 100/300/100k or total coverage if a single amount (ex: \$500K) Insurance Co. name & policy number are NOT needed. If coverage information is not provided, we are not able to list you / your vehicle on our Tour Permits.**

Number of Seats with Seatbelts: \_\_\_\_\_

Vehicle #2 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Insurance: \_\_\_\_\_

**\*\* Please indicate all three coverage amounts (Per Person/Per Accident/Property - ex: 100/300/100k or total coverage if a single amount (ex: \$500K) Insurance Co. name & policy number are NOT needed. If coverage information is not provided, we are not able to list you / your vehicle on our Tour Permits.**

Number of Seats with Seatbelts: \_\_\_\_\_

It is required that all vehicles used to transport participants in Troop 73 activities have current inspection certificates and be legally registered in New York State.