

Troop 199 Adult Vehicle Insurance Information
Family Name: _____

Year: _____

#1 Drivers Name: _____ **DOB:** _____

Valid Driver's License: State of Issue _____ Number _____ Expiration _____

Vehicle: Year _____ Make _____ Model _____ Color _____

of Seatbelts: _____ Owners Name: _____

Auto Insurance Co: _____ Phone #: _____

Policy #: _____ Agent's Name: _____

Liability Coverage: _____

Each Person _____ Each Accident _____ Each Occurrence _____

#2 Drivers Name: _____ **DOB:** _____

Valid Driver's License: State of Issue _____ Number _____ Expiration _____

Vehicle: Year _____ Make _____ Model _____ Color _____

of Seatbelts: _____ Owners Name: _____

Auto Insurance Co: _____ Phone #: _____

(*Mark "same" if same as above)

Policy #: _____ Agent's Name: _____

Liability Coverage: _____

\$\$ Each Person _____ Each Accident _____ Each Occurrence _____

Adult Training Information:	Please indicate date of class and expiration date if any	
	Date of Class	Expiration Date
BSA Guide to Safe Scouting*		*I have read it.
BSA Youth Protection Training		
SA Safe Swim Defense		
BSA Safety Afloat		
BSA Climb on Safely		
CPR Training		
First Aid Training		
Wilderness Use Policy No. 20-121*		*I have read it.

I understand that if I plan to work with Boy Scouts, and if I plan to spend 24 or more continuous hours on any Scouting activity that involves youth, I must have completed BSA Youth Protection Training. I also understand that any additional training I take will help me be a more effective leader and better understand the Scouting program and may be required for some positions in the Troop.

Signature

Date