

Pack 3371 Information Sheet

Scout's Information

Last Name: _____ First Name: _____ Middle Initial: ____ Suffix: ____

Nickname: _____ Siblings in Pack: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Mailing Address (Fill out only if different from above address.)

Address: _____ City: _____ State: ____ Zip Code: _____

Home Phone: _____ Scout Email (If applicable): _____

D.O.B.: _____ BSA ID#: _____ Do you receive Boys' Life?: Y N

School: _____ Grade: _____ Church: _____

Emergency Contact: _____ Phone: _____ Relation to Scout: _____

Emergency Contact: _____ Phone: _____ Relation to Scout: _____

Doctor: _____ Phone: _____ Ins. Co.: _____

Ins. Policy #: _____ Ins. Group #: _____

Medications: _____ Allergies: _____

Special Needs (Please explain): _____

Make and Model of Family Vehicle(s): _____

Parent/Guardian's Information - #1

Last Name: _____ First Name: _____ Relation to Scout: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Employer: _____ Occupation: _____

Parent/Guardian's Information - #2

Last Name: _____ First Name: _____ Relation to Scout: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Employer: _____ Occupation: _____