

Troop 832 Outing Information

Destination: _____

Type of Outing: _____

Dates: _____

Meet at: _____ Time: _____

Required Equipment:

Comments: _____

Return the bottom portion to: _____ No later than: _____

Scouts Name: _____

Event: _____ Dates: _____ 0 _____

Parent Participation: Yes _____ Name _____

Transportation:
Both Ways _____ To _____ From _____ None _____

We can accommodate _____ riders. We can also accommodate equipment _____.

Vehicle information: (Fill out this portion only if you plan to drive).

Make _____ Model _____ Year _____

Driver's License Number _____ State _____

Insurance Coverage: P/person _____ P/accident _____ Property _____

By volunteering to provide transportation, I certify that my vehicle has seats and seat belts for the indicated number of passengers and that I will require my passengers to use the seatbelts. Further, I certify that my drivers license and automobile insurance is current and that the insurance meets BSA minimum requirements (50/100/50).

Note: Troop policy requires parents to provide transportation to and from outings during the year. If you volunteer to drive and are unable to do so, it is your responsibility to find a substitute driver.

Parent signature: _____