

**Cub Scout Pack 94**  
**Annual Registration Form**  
(Please fill out one for each scout)

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

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Birth date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

May we publish your \_\_\_\_ address \_\_\_\_ phone number \_\_\_\_ email in our roster?

Mom's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employer, work phone: \_\_\_\_\_ Cell \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employer, work phone: \_\_\_\_\_ Cell \_\_\_\_\_

Child resides with: \_\_\_\_\_

Name of stepparent, if applicable: \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

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**Auto Insurance Information:** *(this information is kept confidential & used only on tour permits for insurance coverage by BSA during a Scout outing)*

Mother's D.L. #: \_\_\_\_\_

Father's D.L. #: \_\_\_\_\_

Auto #1: Vehicle Year, Make, Model & # of Seats:

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Auto #2: Vehicle Year, Make, Model & # of Seats:

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Public Liability-Each Person: \_\_\_\_\_ Each Accident: \_\_\_\_\_

Property Damage: \_\_\_\_\_ Insurance Company: \_\_\_\_\_