

BSA Troop 432
Recharter Form – Adult

Check should be made out to BSA Troop 432. Please indicate that the check is for 2012 Recharter. (\$10.00 total)

Adult Information (Please Print)

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Telephone #: _____ Cell Telephone #: _____

E-mail Address: _____

Physician: _____ Phone #: _____

Spouse/Friend/Other Information (Please Print)

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

E-mail Address: _____

Home Telephone #: _____ Cell Telephone #: _____

Work Telephone #: _____

Alternate Emergency Contact Information (Please Print)

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Telephone #: _____ Cell Telephone #: _____

Recharter Form – Adult (page 2)

General Information (Please Print)

Check any known allergies:

- Foods Insects Medicines Plants

Explain: _____

List any medications you are on:

Vehicle Information

In the event that you are traveling with the troop and transporting Scouts, we are required by the Boy Scouts of America to have the following information to complete our BSA Tour Permits.

Driver License #: _____ Exp. Year: _____

Vehicle(s)					Insurance Coverage		
Year	Make	Model	Belts	Hitch	Personal	Accident	Property
75	Ford	Pinto	4	N	1k	1k	1k

Immunizations:

Last Inoculation / Tetanus Toxoid: _____

I hereby give my permission to the licensed health-care practitioner selected by the unit leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me.

Signature of Adult

Date

Payment Method: Check / Cash | Data updated in TM: _____