



BSA TROOP 112
 Mt. Washington Presbyterian Church
 6474 Beechmont Avenue
 Cincinnati, Ohio 45230-2092
Troop 112 BSA Driver Information Form



Adult Name (Driver): _____

112 Scout(s) Names: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Drivers License Information:

State: _____ Drivers License Number: _____ Expiration Date: _____

Vehicle Insurance Information:

Insurance Company : _____

Expiration Date: _____ Renews Every _____ Months

Umbrella Coverage: \$ _____ Property Damage Each Occurrence: \$ _____

Bodily Injury (Liability)-Each Person:\$ _____ Each Occurrence:\$ _____

Vehicle(s) Information:

Vehicle #1: Make: _____ Model: _____

Year: _____ Number of Seat Belts: _____

License Plate Number: _____ State of License Plate: _____

Vehicle #2: Make: _____ Model: _____

Year: _____ Number of Seat Belts: _____

License Plate Number: _____ State of License Plate: _____

Driver agrees to notify Troop 112 in the event of cancellation of insurance and/or driver's license suspension or revocation. The vehicle used by Driver will be able to safely transport Scouts to Troop 112 activities/outings.

Driver Signature: _____ **Date:** _____