

Troop 19 Activity Driver Information - Edit this example as needed for activity

Driver Name: _____

Cellphone: _____

Number of Passengers: _____

Carry Gear?: Yes some No

Haul Trailer?: Yes No

TROOP 19 Activity Driver/Vehicle Information

Activity:

Day/Date:

Location:

Adult Coordinator:

Phone: _____

Leave From Parking lot:

Return To Parking lot:

We cannot get there and back without drivers. Please volunteer!

We need the following information to demonstrate safe, insured transport in order to receive a Council Tour Permit. No Permit, No Trip.

Yes, I can help.

Driver Name: _____

I will drive Both ways One way, deliver only pickup only

All will wear seat belts. I can transport ____ self-belted passengers. With Gear Without Gear

Vehicle type, year, Model _____

Vehicle Plate Number: _____ State: _____

Owner name: (if different) _____

Driver's license # _____ State Issued: _____

Liability Insurance: person _____ accident _____ property damage _____

I will contact Activity Coordinator regarding directions.

Activity Coordinator will complete the following table

Passenger List (delivering to activity)	Passenger List (returning from activity)
1	1
2	2
3	3
4	4
5	5
6	6