

Pack 957 Scout Personal Data Form
In addition to Cub Scout Application

Scout Name: _____

Subdivision: _____ T-Shirt Size _____

Any requests for other boys to be placed in the same den:

From 6-8 PM: What nights can you meet? Circle Possible and Cross Out Impossible:

Monday Tuesday Wednesday Thursday Sunday (late afternoon)

Previous Scouting Experience: Has your son had previous scouting experience? (circle one): YES NO

If yes, in what Scout Unit (City, Council, District and Unit) (what you remember) _____

Other Parent not listed on Cub Scout Application: Relationship to Scout _____

Last Name: _____ First Name: _____ Initial: _____

Address: _____ Home phone: _____

(if different) _____ Cell phone: _____

_____ Work phone: _____

e-mail: _____

Employer: _____ Occupation: _____

Emergency Information:

Contact: _____ Telephone: _____

Doctor: _____ Telephone: _____

Insurance: _____ Policy #: _____

Another Adult's Information: (if this adult will be involved during scouting) Relationship to Scout _____

Last Name: _____ First Name: _____ Initial: _____

Address: _____ Home phone: _____

(if different) _____ Cell phone: _____

_____ Work phone: _____

e-mail: _____

Employer: _____ Occupation: _____