

Troop 555 Trip Permit Information

Please provide the information requested below for anyone who may be driving or accompanying Scouts on a Troop activity.

Date: _____

Driver: _____ Birth date: _____

Drivers License Number: _____

CPR Agency & Expiration Date	Youth Protection Expiration Date	Aquatics Safety (Safe Swim Defense & Safety Afloat) Expiration Date	Climb on Safety Date Taken

Driver: _____ Birth date: _____

Drivers License Number: _____

CPR Agency & Expiration Date	Youth Protection Expiration Date	Aquatics Safety (Safe Swim Defense & Safety Afloat) Expiration Date	Climb on Safety Date Taken

Home Address: _____

City: _____, IL Zip: _____

Phone Number: _____

Vehicle Make & Model: _____

Year: _____

Number of Seatbelts: _____

License Plate Number: _____

Vehicle Make & Model: _____

Year: _____

Number of Seatbelts: _____

License Plate Number: _____

Liability Insurance Company: _____

Policy Number: _____

Public Liability Insurance Coverage		
	Public Liability	
Property Damage	Each Person	Each Accident