## Please return immediately

Scout Name:					
First Name:	L	ast Name:			
<b>—————————————————————————————————————</b>	Home	( )	Work	( )	Cell
Car 1) Year, kind & mak	te of Vehicle:				
of passengers including	driver:	Inspection expiration	date: I	License plate:	
First Name:	L	ast Name:			
<b>—</b>	Home	( )	Work	( )	Cell
Car 2) Year, kind & mak	e of Vehicle:				
of passengers including of	driver:	Inspection expiration	date: I	License plate:	
Oriver #1 has an Active/Co	urrent Driver Lice	ense from the State of:			
Oriver #2 has an Active/Co	urrent Driver Lice	ense from the State of: _			
The Vehicles listed above	are cover by		insurance company a	and that policy expi	res on
(we) understand that by my scout, never partake in Troop leadership.					
(we) confirm that everyo	one will wear his o	or her seat belts whenev	er my car is in motion		
(we) confirm that I (we tinerary. If I were to deviny self to a lawsuit.					
(we) also understand that eturn with. AND	at the scouts who	drive with me (us) in or	ne direction are not ne	ecessarily the same	scouts that I (we)
(we) will not leave a candult leader of the situation (we) will not leave beforeut!)	n and appoint him	her to advise the rest o	f the Troop. The Tro	op is counting on n	ne (us) as driver(s)
(we) promise not to have	more scouts onbo	pard than what we have	seat belts for.		
Signature of Driver 1:				Date:	
Signature of Driver 2:				Date:	