

**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: \_\_\_\_\_