

VEHICLE REGISTRATION

BOY SCOUTS OF AMERICA

Please Complete and Return to Teri Reese -Thank You!

TROOP 935

NAME (S)

DRIVER'S LICENSE NUMBER

1

2

TELEPHONE NUMBER

Home

Cell

VEHICLE # 1

Make:

Model:

License Plate Number:

Number of Seat Belts:

Insurance Company:

Medical \$

Liability \$

Property Damage \$

VEHICLE # 2

Make:

Model:

License Plate Number:

Number of Seat Belts:

Insurance Company:

Medical \$

Liability \$

Property Damage \$

VEHICLE # 3

Make:

Model:

License Plate Number:

Number of Seat Belts:

Insurance Company:

Medical \$

Liability \$

Property Damage \$