

FAMILY CONTACT INFO.

PARENT #1:

NAME: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL: _____

PARENT #2:

NAME: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL: _____

ADDITIONAL EMAILS: _____

TRANSPORTATION INFO.

DRIVER #1:

Driver's name: _____ DRIVER HOLDS A VALID DRIVER'S LICENSE? Y/N

Driver's signature: _____

DRIVER #2:

Driver's name: _____ DRIVER HOLDS A VALID DRIVER'S LICENSE? Y/N

Driver's signature: _____

VEHICLE #1:

KIND/ YEAR/ AND MAKE OF VEHICLE: _____ # SAFETY BELTS? _____

OWNER'S NAME: _____

Public Liability Insurance Coverage for this vehicle:

Each person: _____ Each accident: _____ Property Damage: _____

VEHICLE #2:

KIND/ YEAR/ AND MAKE OF VEHICLE: _____ # SAFETY BELTS? _____

OWNER'S NAME: _____

Public Liability Insurance Coverage for this vehicle:

Each person: _____ Each accident: _____ Property Damage: _____

