

Ship 6 Contact Information

Crew Information			
Name			
Address			
Home Phone	()		
Cell Phone	()		
Email			
Age		DOB	
Grade		School	

Parent Information			
Mother			
Name			
Address			
Employer			
Profession			
Work Phone	()		
Cell Phone	()		
Best Email			
Father			
Name			
Address			
Employer			
Profession			
Work Phone	()		
Cell Phone	()		
Best Email			

Transportation Support			
We would be interested/willing to help with driving crew to events (circle one) Yes No			
We would be interested/willing to loan a vehicle for an event even if we aren't available to drive (circle one) Yes No			
Family Vehicles			
Vehicle 1	Make/Model	Passenger Capacity	4WD Yes No
Vehicle 2	Make/Model	Passenger Capacity	4WD Yes No
Vehicle 3	Make/Model	Passenger Capacity	4WD Yes No
Other Support			
We would be interested/willing to help with supporting the Ship in a subtle way behind the scenes (circle one) Yes No			
List skills, interests, or ways you might consider helping.			
<ul style="list-style-type: none"> • • • • • 			

Grandparent Information	
on Mother's side	
Name	
Address	
Phone	()
Email	
on Father's side	
Name	
Address	
Phone	()
Email	

EMERGENCY CONTACTS		
Primary contact		
Name		Relationship
Address		
Work Phone	()	
Home Phone	()	
Cell Phone	()	
Email		
Alternate contact		
Name		Relationship
Address		
Work Phone	()	
Home Phone	()	
Cell Phone	()	
Email		
Alternate contact 2		
Name		Relationship
Address		
Work Phone	()	
Home Phone	()	
Cell Phone	()	
Email		

List any Medical Alerts and/or Allergies
BSA requires that all crewmembers have a valid medical form on file with the Ship's leader. This process must be completed annually.