



Driving Authorization Form



If you as the parent or guardian is allowing your Scout (under 18) to drive to and from our staff development days and the courses, please complete the following information.

SCOUT'S CONTACT INFORMATION

Name _____
Address _____
City, State, Zip _____
Phone # _____ E-mail _____

PARENT OR GAURDIAN ALLOWING SCOUT TO DRIVE TO AND FROM DEVELOPMENT DAYS AND COURSES

Print name _____
Parent or Guardian signature _____
Contact telephone no. (H) _____ (W) _____ (C) _____