



TRAILMAN CONTACT INFORMATION

If both parents must receive email communications, please speak to the Membership Chair in Room 220 on Tuesday evenings during regular meetings.

TRAILMAN:

Date _____ Trailman Full Name _____ Nickname (If Applicable) _____

Current Age ____ Current Grade *(If Summer, List Rising Grade.)* ____ **Allergy or Medical or Food Alert:** Y N

Date of Birth _____ Attend Grace Covenant Church: Yes / No (Circle One)

Phone Numbers: (____) ____ - ____ Trailman Email Address (if applicable): _____

PARENT #1 (primary contact for program and communication purposes):

Parent's Name _____ Relationship to Trailman _____

Cell Phone Number: (____) ____ - ____ Home Number: (____) ____ - ____

Work Number: (____) ____ - ____

Name of Cell Phone Provider (Required for troop text notifications)*: _____

Email Address: _____

PARENT #2:

Parent's Name _____ Relationship to Trailman _____

Cell Phone Number: (____) ____ - ____ Home Number: (____) ____ - ____

Work Number: (____) ____ - ____

Name of Cell Phone Provider (Required for troop text notifications): _____

Email Address: _____

ALTERNATE RELATIVE/GUARDIAN actively involved with Trailman in Troop Activities *(If applicable):*

Relative/Guardian's Name _____

Relationship to Trailman _____

Cell Phone Number: (____) ____ - ____ Home Number: (____) ____ - ____

Work Number: (____) ____ - ____

Name of Cell Phone Provider (Required for troop text notifications): _____

Email Address: _____