



## Leader Contact Information

Leader's Full Name \_\_\_\_\_ Date \_\_\_\_\_

Nickname (if applicable) \_\_\_\_\_ Current Church: \_\_\_\_\_

Gender: Male / Female \_\_\_\_\_

The allergy and alert information below is for the purposes of quick reference to look for more information in case of emergency.

Allergy(s):    Yes    No    Food Alerts:    Yes    No    Medical Alerts on File (such as medications):    Yes    No

### **LEADER PHONE NUMBERS** *(Please list in the order you prefer us to use for contact):*

1<sup>ST</sup> Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2<sup>ND</sup> Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

3<sup>RD</sup> Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please circle or **indicate with \*** your **cellular phone number** from above and **write the name of your Cellular Provider** here (required for Troop Text capabilities): \_\_\_\_\_

### **LEADER EMAIL ADDRESSES**

1<sup>st</sup> Email: \_\_\_\_\_

**SPOUSE's Name (if applicable):** \_\_\_\_\_

**SPOUSE'S CONTACT NUMBER'S** *(Primarily in case of emergency or urgent need to contact you):*

1<sup>ST</sup> Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2<sup>ND</sup> Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### **Vehicle Information:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

License Plate: \_\_\_\_\_ Maximum Passengers (# of seat belts): \_\_\_\_\_

Trailer Hitch (Y/N): \_\_\_\_\_ Insurance Company: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Liability (per person): \_\_\_\_\_ Liability (per accident): \_\_\_\_\_

Liability (property damage): \_\_\_\_\_ Liability (combined single limit): \_\_\_\_\_

#### **For Internal Use Only:**

**Unit Position(s) Leader will be responsible to serve:** \_\_\_\_\_

\_\_\_\_\_