

Start Date   
Return Date

# BSA Troop 3552 Event Vehicle Assignment

Date filled

Vehicle 1:

Driver:

Cell #:

Passengers

---

---

---

---

---

---

---

---

Vehicle 2:

Driver:

Cell #:

Passengers

---

---

---

---

---

---

---

---

Vehicle 3:

Driver:

Cell #:

Passengers

---

---

---

---

---

---

---

---

Vehicle 4:

Driver:

Cell #:

Passengers

---

---

---

---

---

---

---

---

Destination and Phone Number:

Troop Emergency Contact:

Single point of contact for all drivers.

Tour Leader (has copy of Tour Permit):  In Vehicle #:

Assistant Tour Leader:  In Vehicle #:

Medical/Permission forms, with:  In Vehicle #:

For Vehicle, enter a brief description. Enter the Drivers name. Enter the drivers cell phone number. Cross out lines where no seats are available in the vehicle.  
For return trip, use additional forms or the reverse side of this form if four or less vehicles are used.  
Please provide a copy of this form to each driver and the Troop Emergency Contact.  
Other Troop members are welcome to have a copy if requested.  
15 or more persons, including driver - driver must have a commercial drivers license.

