Troop 2950
Trinity Lone Oak Lutheran Church
Eagan, Minnesota

TRAILMAN CONTACT INFORMATION

If both parents must receive email communications, please speak to the Membership Chair on Monday 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 Trinity Lone Oak Lutheran 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: _____