



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: _____