

# Mackinac Island Honor Troop 168

## Scout Transportation Information Carpool Volunteer Driver Information

Welcome! It's important to understand that MIHT 168 does not provide transportation for this trip. The parent of each Scout must provide transportation, or arrange for their Scout's transportation, for the trip to Mackinac City and back home. Regardless of how a Scout is traveling, the Troop's adult leadership must know who will be transporting each Scout.

The Troop will assist with transportation through the organization of carpooling. All carpooling is provided by Scout parents on a volunteer basis. The Troop does not reimburse for fuel.

Please complete this form whether your Scout needs to carpool with an adult volunteer driver or not. This information must be provided to the Troop by June 1<sup>st</sup> or the Troop will assume your Scout does not need transportation by carpool.

Please contact Rollin Stocker, cell 586-382-2626, email: barbandrollin@aol.com, for all transportation related matters. Please do not contact the Scout Master.

Scouts name: \_\_\_\_\_  
Parents name: \_\_\_\_\_ Parent's Phone #: \_\_\_\_\_

**Does Your Scout Need a Ride: To Mackinaw City: [ ] YES [ ] NO      From Mackinaw City: [ ] YES [ ] NO**

If the Scout needs a ride for the return trip home from Mackinaw City, it is the Scout's parent's responsibility to meet the carpool volunteer driver at a mutual location and at a time arranged by the driver. The Troop also will need to know the name of the person meeting the carpool driver, if not the parent. Please identify person meeting the carpool driver below:

Name of person: \_\_\_\_\_ cell phone: \_\_\_\_\_

Please complete the following if you are willing to be a carpool volunteer driver in one or both directions:

To Mackinaw City (North):      Number of Open Seats with Seatbelts: \_\_\_\_\_

From Mackinaw City (South):      Number of Open Seats with Seatbelts: \_\_\_\_\_

Name of Driver \_\_\_\_\_ Cell # \_\_\_\_\_

Your Scouts Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

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

License Plate: \_\_\_\_\_ State: \_\_\_\_\_

Total Number of Seats with Seatbelts: \_\_\_\_\_

Name of Auto Insurance Company: \_\_\_\_\_