

	his/her	own daughtei	r on a pl	anned Girl S	Scout activity.	port girls other than . Complete this form vith the troop's files.	
Vehicle Owner's I	Name						
Phone (M)	(W)			Email			
Address				ST	Zip		
Vehicle Type:	Minivan/SUV	_Minivan/SUVPassenger CarTruck (extended cab for passengers)					
	Other (Please Desc	ribe)			N	Number of seatbelts	
Year <u>Ma</u>	ke/Model	Col	or	L	icense Plate#		
	Girl Scout activity, I und vity and back to their par		s my resp	onsibility to		-	
Make sure the vehicle is in safe operating condition before the trip.			Drive with extra caution during hours of darkness and any time visibility is reduced or roads conditions worsen.				
Ensure everyone is wearing a seatbelt or booster seat any time the vehicle is moving, as by state law.			Plan extended trips to avoid driving in the dark.				
Drive the posted speed limit and use turn signals for all turns and traffic lane changes.			Never drive sleepy and will not drive for more than 6 hours a day.				
Yield to all oncoming traffic and be extra careful when making left turns.			Take a rest break every 2-3 hours and allow alternate drivers when I need a break.				
Keep at least a 3 second interval between my vehicle and the vehicle in front of me when highway driving.			Never use a cellular device while driving. I will pull over and stop, put the car in park, and put on flashing lights.				
 ✓ I understand file at the cou ✓ I understand accident. ✓ I agree not to or illicit drug; ✓ Additionally, ✓ I affirm that I 	nd agree to the Safe Drive that every driver must be ncil, and have a good driv that the vehicle owner's a transport, provide, consu s prior to or during any G I agree not to transport fi have never been convicte have a valid Indiana driv	an approved ad ving record, a va utomobile insur me or be under irl Scout functio rearms to or from d of nor pled gu	lult (21 y ilid licens rance is th the influ n. m any G	ears or older) se and a regist ne primary ap ence of alcoho irl Scout funct	volunteer with a ered and insure plicable insurar blic beverages, co ion.	a background check on ed vehicle. nce in the event of an ontrolled substances,	
Signature					_Print Name		
Leader must revie	w driver's license and i	nsurance card	and con	ıplete inforn	ation below.		
Driver's License #		Stat	te	Expiratio	on Date		
In survey as Comme		D 1' NT 1			E	on Data	

Insurance Compar	ny Policy Number	Expiration Date
insurance Compa		

Vehicle Information Form