Mackinac Island Honor Troop 168

Scout Transportation Information
Carpool Volunteer Driver Information

Welcome! It's is 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 1st 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. 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: _____