

Troop 139 Adult Personal Data

Name: KOJO ACQUASIE

BSA ID#:
Sex: Male

Spouse: SANDRA

Address: 9 AVON CT
Bergenfield NJ 07621

Mailing:

Home Phone: (201) 384.1855
Cellular: (011) 254736700364
_____: () _____
_____: () _____
Email: acquasie@hotmail.com
acquasie@un.org

DOB: ____/____/____
Drivers Lic: _____ **ST:** NJ
Employer: UN Secretariat - Political Af
Occupation: Management/Administrator
Occ Type: Management/Administrator
Church:

Boys' Life: No
Joined Unit: ____/____/____

Highest Scout Rank: _____
Became Leader: ____/____/____

Swimming Level: Non-Swimmer **Date:**

Leadership Position:

Position Date:

Health form on file: No
Emergency Contact(s):

Phone:
Phone:
Phone:
Phone:
Group:

Date
Health Form A: ____/____/____
Health Form B: ____/____/____
Health Form C: ____/____/____
Health Form D: ____/____/____
Tetanus: ____/____/____

Doctor:
Insurance:
Insurance Policy:
Medications:
Allergies:
Other:

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	Y/N	_____	_____	_____
_____	_____	_____	Y/N	_____	_____	_____

Remarks:

Troop 139 Adult Personal Data

Name: SHIRLY ARACHCHIGEDON (SHIRL)

BSA ID#:
Sex: Male

Spouse: MANORI

Address: 17 EAST JOHNSON AVE.
Bergenfield NJ 07621

Mailing:

Home Phone: (201) 338.8222
Cellular: (201) 478.9014

Email: SHIRLYINNOCENT@YAHOO.COM

DOB: ____/____/____
Drivers Lic: _____ **ST:** NJ
Employer:
Occupation: MAINTENANCE
Occ Type: Building/Grounds Maintenance
Church:

Boys' Life: No
Joined Unit: ____/____/____

Highest Scout Rank:
Became Leader: ____/____/____

Swimming Level: Non-Swimmer **Date:**

Leadership Position:

Position Date:

Health form on file: No
Emergency Contact(s):

Phone:
Phone:
Phone:
Phone:
Group:

Date
Health Form A: ____/____/____
Health Form B: ____/____/____
Health Form C: ____/____/____
Health Form D: ____/____/____
Tetanus: ____/____/____

Doctor:
Insurance:
Insurance Policy:
Medications:
Allergies:
Other:

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____

Remarks:

Troop 139 Adult Personal Data

Name: DENNIS AUJERO

BSA ID#:
Sex: Male

Spouse: MELODY

Address: 50 N. FIRST ST.
BERGENFIELD NJ 07621-2137

Mailing:

Home Phone: (201) 384.0574
Cellular: (201) 280.5988
_____: () _____
_____: () _____
Email: dennis@troop139.org

DOB: __/__/__ **SSN:** 146-74-1546
Drivers Lic: A9178-16362-04652 **ST:** NJ
Employer:
Occupation:
Occ Type:
Church:

Boys' Life: No
Joined Unit: __/__/__

Highest Scout Rank:
Became Leader: __/__/__

Swimming Level: Non-Swimmer **Date:**

Leadership Position:

Position Date:

Health form on file: No
Emergency Contact(s):

Phone:
Phone:
Phone:
Phone:
Group:

Date
Health Form A: __/__/__
Health Form B: __/__/__
Health Form C: __/__/__
Health Form D: __/__/__
Tetanus: __/__/__

Doctor:
Insurance:
Insurance Policy:
Medications:
Allergies:
Other:

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____

Remarks:

Troop 139 Adult Personal Data

Name: MELODY AUJERO

BSA ID#:
Sex: Female

Spouse: DENNIS

Address: 50 N. FIRST ST.
BERGENFIELD NJ 07621-2137

Mailing:

Home Phone: (201) 384.0574
_____: () _____
_____: () _____
_____: () _____

DOB: ____/____/____
Drivers Lic:
Employer:
Occupation:
Occ Type:
Church:

ST:

Email:

Boys' Life: No
Joined Unit: ____/____/____

Highest Scout Rank:
Became Leader: ____/____/____

Swimming Level: Non-Swimmer **Date:**

Leadership Position:

Position Date:

Health form on file: No
Emergency Contact(s):

Phone:
Phone:
Phone:
Phone:
Group:

Date
Health Form A: ____/____/____
Health Form B: ____/____/____
Health Form C: ____/____/____
Health Form D: ____/____/____
Tetanus: ____/____/____

Doctor:
Insurance:
Insurance Policy:
Medications:
Allergies:
Other:

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____

Remarks:

03/24/13

Troop 139 Adult Personal Data

Name: J. GORDON BEATTIE JR (GORDON)

BSA ID#:
Sex: Male

Spouse: NANCY

Address: 206 N. VIVYEN ST.
BERGENFIELD NJ 07621-1013

Mailing:

Home Phone: (201) 314.6964
Work Phone: (732) 387.8896
Voice Mail: (201) 314.6964
_____: (____) _____
Email: w2ttt@arrl.net
W2TTT@TROOP139.ORG

DOB: 02/16/58 **SSN:** 141-38-0965
Drivers Lic: B2056-38367-02584 **ST:** NJ
Employer:
Occupation:
Occ Type:
Church:

Boys' Life: No
Joined Unit: 09/10/96

Highest Scout Rank:
Became Leader: 09/01/92

Swimming Level: Non-Swimmer **Date:**

Leadership Position: Scoutmaster

Position Date: 07/01/98

Leadership History

Crew Assoc Adv 02/01/04 - 09/01/04 Asst Scoutmaster 09/10/96 - 06/30/98
Crew Advisor 09/01/00 - 02/01/04

Health form on file: No
Emergency Contact(s):

Phone:
Phone:
Phone:
Phone:
Group:

Date
Health Form A: ___/___/___
Health Form B: ___/___/___
Health Form C: 03/11/01
Health Form D: ___/___/___
Tetanus: ___/___/___

Doctor:
Insurance:
Insurance Policy:
Medications:
Allergies:
Other:

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
97 FORD CLUBWAGON	8	WB-437T	Yes Y / N	100	300	100

Remarks:

Special Awards

<u>Award</u>	<u>Date</u>	<u>Award</u>	<u>Date</u>
50 Miler	09/01/09	ARRL ARES Svc Award	04/16/07
50 Miler	09/01/04	Big Foot - 200	12/19/00
50 Miler	08/01/02	Big Foot - 400	05/01/03
50 Miler	08/18/00	Big Foot - 800	12/06/08

Troop 139 Adult Personal Data

BEATTIE, GORDON (cont)

Boy Scout Train Awd	06/13/00	LNT	08/18/00
Boy Scout Woodbadge	06/08/99	Millenium Awd	06/01/99
Bronze Pelican	05/23/99	Nat'l Camp 100 Nts.	12/19/00
Col. Annapolis Med	01/15/00	Nat'l Camp 250 Nts.	05/01/03
Dist Award of Merit	01/09/01	Niagara Frontier	08/19/99
Gettysburg	04/12/99	Palisades Medal	03/17/99
GG Environmental Aw	01/07/00	Palisades Patch	03/17/99
Golden Bow	02/07/99	PSR We All Made It!	08/18/00
Historical Trails	06/26/99	Silver Beaver	05/24/04
Intl Aware Embl	06/01/99	Trail of the Glen	03/17/99

Training

<u>Course</u>	<u>Date</u>	<u>Course</u>	<u>Date</u>
Amateur Radio Extra (ARX)	08/24/07	Safe Swim Defense (SSD)	05/11/99
Boy Scout Leader Basic Training (S20)	05/25/96	Safety Afloat (SA)	05/11/99
Boy Scout Leader Fast Start (SFS)	09/01/03	Venturing Fast Start (PFS)	09/01/03
Boy Scout Leader Fast Start (SFS)	01/15/96	Youth Protection Training (Y01)	08/02/05#
CERT (000)	12/01/06	Youth Protection Training (Y01)	09/01/03#
NWS Skywarn Basic (NWSB)	05/15/12		

Troop 139 Adult Personal Data

Name: JAMES G BEATTIE III

BSA ID#:
Sex: Male

Spouse:

Address: 206 N. VIVYEN ST.
BERGENFIELD NJ 07621-1013

Mailing:

Home Phone: (201) 387.8896
Cellular: (201) 314.6219
Fax: (201) 387.8898

Email: auh2o422@hotmail.com
KC2SQV@TROOP139.ORG

DOB: 09/10/86
Drivers Lic:
Employer:
Occupation:
Occ Type:
Church:

ST:

Boys' Life: No
Joined Unit: 09/09/96

Highest Scout Rank: Eagle
Became Leader: 09/10/06

Swimming Level: Non-Swimmer **Date:**

Leadership Position:

Position Date:

Health form on file: No
Emergency Contact(s):

Doctor:
Insurance:
Insurance Policy:
Medications:
Allergies:
Other:

Phone:
Phone:
Phone:
Phone:
Group:

Date
Health Form A: ___/___/___
Health Form B: ___/___/___
Health Form C: 02/01/99
Health Form D: ___/___/___
Tetanus: ___/___/___

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____

Remarks:

Special Awards

<u>Award</u>	<u>Date</u>	<u>Award</u>	<u>Date</u>
50 Miler	09/01/04	50 Miler	09/01/00
50 Miler	09/01/02		

Training

<u>Course</u>	<u>Date</u>	<u>Course</u>	<u>Date</u>
Amateur Radio Tech (ART)	01/09/08	NWS Skywarn Basic (NWSB)	05/15/12

Troop 139 Adult Personal Data

Name: JOHN D BEATTIE

BSA ID#:

Sex: Male

Spouse:

Address: 206 N. VIVYEN ST.
BERGENFIELD NJ 07621-1013

Mailing:

Home Phone: (201) 387.8896
Cellular: (201) 314.5878
Fax: (201) 387.8898
 _____ : (____) _____
Email: KC2NZC@TROOP139.ORG

DOB: 11/29/88
Drivers Lic:
Employer:
Occupation:
Occ Type:
Church:

ST:

Boys' Life: No
Joined Unit: ___/___/___

Highest Scout Rank: Eagle
Became Leader: 11/29/06

Swimming Level: Non-Swimmer **Date:**

Leadership Position:

Position Date:

Health form on file: No
Emergency Contact(s):

Doctor:
Insurance:
Insurance Policy:
Medications:
Allergies:
Other:

Phone:
Phone:
Phone:
Phone:
Group:

Date
Health Form A: ___/___/___
Health Form B: ___/___/___
Health Form C: 02/01/99
Health Form D: ___/___/___
Tetanus: ___/___/___

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____

Remarks:

Special Awards

<u>Award</u>	<u>Date</u>	<u>Award</u>	<u>Date</u>
50 Miler	09/01/04	50 Miler	09/01/00
50 Miler	09/01/02	ARRL ARES Svc Award	04/16/07

Training

<u>Course</u>	<u>Date</u>	<u>Course</u>	<u>Date</u>
Amateur Radio Tech (ART)	03/28/05	CERT (000)	12/01/06

03/24/13

Troop 139 Adult Personal Data

Name: NANCY C BEATTIE

BSA ID#:
 Sex: Female

Spouse: GORDON

Address: 206 N. VIVYEN ST.
 BERGENFIELD NJ 07621

Mailing:

Home Phone: (201) 394.3474
 Work Phone: (201) 387.8896
 Voice Mail: (201) 394.3474
 Fax: (201) 387.8896
 Email: n2fwi@att.net
 N2FWI@TROOP139.ORG

DOB: 03/18/60 SSN: 147-54-2989
 Drivers Lic: B2056-57763-53604 ST: NJ
 Employer:
 Occupation:
 Occ Type:
 Church:

Boys' Life: No
 Joined Unit: 09/10/96

Highest Scout Rank:
 Became Leader: 09/01/92

Swimming Level: Non-Swimmer Date:

Leadership Position: Committee Member
 Asst Scoutmaster

Position Date: 07/01/98
 07/01/98

Leadership History

Crew Assoc Adv 09/01/00 - 09/01/04

Health form on file: No
 Emergency Contact(s):

Phone:
 Phone:
 Phone:
 Phone:
 Group:

Date
 Health Form A: ___/___/___
 Health Form B: ___/___/___
 Health Form C: ___/___/___
 Health Form D: ___/___/___
 Tetanus: ___/___/___

Doctor:
 Insurance:
 Insurance Policy:
 Medications:
 Allergies:
 Other:

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____

Remarks:

Special Awards

<u>Award</u>	<u>Date</u>	<u>Award</u>	<u>Date</u>
Boy Scout Woodbadge	06/08/04	Historical Trails	08/27/00
Bronze Pelican	06/02/02	Historical Trails	06/26/99
Fleur de Lis	05/23/99	Intl Aware Embl	06/01/99
Gettysburg	04/12/99	Millenium Awd	06/01/99

Troop 139 Adult Personal Data**BEATTIE, NANCY (cont)**

Niagara Frontier

08/19/99

Training

<u>Course</u>	<u>Date</u>	<u>Course</u>	<u>Date</u>
Amateur Radio General (ARG)	01/03/08	Boy Scout Leader Wood Badge (S92)	09/15/02
Boy Scout Leader Basic Training (S20)	10/29/01	NWS Skywarn Basic (NWSB)	05/15/12
Boy Scout Leader Fast Start (SFS)	09/01/03	Venturing Fast Start (PFS)	09/01/03
Boy Scout Leader Fast Start (SFS)	09/10/96	Youth Protection Training (Y01)	09/01/03#

Troop 139 Adult Personal Data

Name: BENNY CABRERA

BSA ID#:
Sex: Male

Spouse: ODALYS

Address: 15 SOUTH FIRST ST.
Bergenfield NJ 07621

Mailing:

Home Phone: (201) 385.6817
Cellular: (201) 417.1877
_____: () _____
_____: () _____
Email: blcabrera@earthlink.net

DOB: 09/03/61 **SSN:** 148-60-2808
Drivers Lic: C00200817309612 **ST:** NJ
Employer:
Occupation: IT DIRECTOR
Occ Type:
Church: ST. JOHN THE EVANGELIST

Boys' Life: No
Joined Unit: __/__/__

Highest Scout Rank:
Became Leader: __/__/__

Swimming Level: Non-Swimmer **Date:**

Leadership Position:

Position Date:

Health form on file: No
Emergency Contact(s):

Phone:
Phone:
Phone:
Phone:
Group:

Date
Health Form A: __/__/__
Health Form B: __/__/__
Health Form C: __/__/__
Health Form D: __/__/__
Tetanus: __/__/__

Doctor:
Insurance:
Insurance Policy:
Medications:
Allergies:
Other:

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____

Remarks:

Troop 139 Adult Personal Data

Name: ODALYS CABRERA

BSA ID#:
Sex: Female

Spouse: BENNY

Address: 15 SOUTH FIRST ST.
Bergenfield NJ 07621

Mailing:

Home Phone: (201) 385.6817
_____: () _____
_____: () _____
_____: () _____
Email: ORCABRERA@EARTHLINK.COM

DOB: 05/16/60 **SSN:** 137-62-2907
Drivers Lic: C00206027955602 **ST:** NJ
Employer:
Occupation:
Occ Type:
Church: ST. JOHN THE EVANGELIST

Boys' Life: No
Joined Unit: __/__/__

Highest Scout Rank:
Became Leader: __/__/__

Swimming Level: Non-Swimmer **Date:**

Leadership Position:

Position Date:

Health form on file: No

Emergency Contact(s):

Doctor:

Insurance:

Insurance Policy:

Medications:

Allergies:

Other:

Phone:
Phone:
Phone:
Phone:
Group:

Date
Health Form A: __/__/__
Health Form B: __/__/__
Health Form C: __/__/__
Health Form D: __/__/__
Tetanus: __/__/__

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____

Remarks:

Troop 139 Adult Personal Data

Name: HEIDI CARLOS

BSA ID#:
Sex: Female

Spouse: JOJO

Address: 10B BUSH ST.
BERGENFIELD NJ 07621-2413

Mailing:

Home Phone: (201) 244.5814
Cellular: (201) 724.6366
_____: () _____
_____: () _____
Email: heidic@brfries.com

DOB: ____/____/____
Drivers Lic: ST: NJ
Employer:
Occupation:
Occ Type:
Church:

Boys' Life: No
Joined Unit: ____/____/____

Highest Scout Rank:
Became Leader: ____/____/____

Swimming Level: Non-Swimmer **Date:**

Leadership Position:

Position Date:

Health form on file: No
Emergency Contact(s):

Doctor:
Insurance:
Insurance Policy:
Medications:
Allergies:
Other:

Phone:
Phone:
Phone:
Phone:
Group:

Date
Health Form A: ____/____/____
Health Form B: ____/____/____
Health Form C: ____/____/____
Health Form D: ____/____/____
Tetanus: ____/____/____

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____

Remarks:

Troop 139 Adult Personal Data

Name: JOJO CARLOS

BSA ID#:

Sex: Male

Spouse: HEIDI

Address: 10B BUSH ST.
BERGENFIELD NJ 07621-2413

Mailing:

Home Phone: (201) 244.5814

_____ : (____) _____

_____ : (____) _____

_____ : (____) _____

Email:

DOB: ____/____/____

Drivers Lic:

ST: NJ

Employer:

Occupation:

Occ Type:

Church:

Boys' Life: No

Joined Unit: ____/____/____

Highest Scout Rank:

Became Leader: ____/____/____

Swimming Level: Non-Swimmer **Date:**

Leadership Position:

Position Date:

Health form on file: No

Emergency Contact(s):

Phone:

Phone:

Phone:

Phone:

Group:

Health Form A:

Health Form B:

Health Form C:

Health Form D:

Tetanus:

Date

____/____/____

____/____/____

____/____/____

____/____/____

____/____/____

Doctor:

Insurance:

Insurance Policy:

Medications:

Allergies:

Other:

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____

Remarks:

Troop 139 Adult Personal Data

Name: JOAN CRISTOFOLETTI

BSA ID#:
Sex: Female

Spouse:

Address: 107 SOMERS AVE
BERGENFIELD NJ 07621

Mailing:

Home Phone: (201) 384.0732
Cellular: (201) 546.0536
_____: () _____
_____: () _____
Email:

DOB: ____/____/____
Drivers Lic: _____ **ST:**
Employer: GOOD SHEPHERD
Occupation: TEACHER
Occ Type:
Church:

Boys' Life: No
Joined Unit: ____/____/____

Highest Scout Rank:
Became Leader: ____/____/____

Swimming Level: Non-Swimmer **Date:**

Leadership Position:

Position Date:

Health form on file: No
Emergency Contact(s):

Phone:
Phone:
Phone:
Phone:
Group:

Date
Health Form A: ____/____/____
Health Form B: ____/____/____
Health Form C: ____/____/____
Health Form D: ____/____/____
Tetanus: ____/____/____

Doctor:
Insurance:
Insurance Policy:
Medications:
Allergies:
Other:

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____

Remarks:

Troop 139 Adult Personal Data

Name: JUDITH ANNE DALY (JUDY)

BSA ID#:
Sex: Female

Spouse: RICH

Address: 58 CARNATION ST
BERGENFIELD NJ 07621

Mailing:

Home Phone: (201) 439.0828

DOB: ____/____/____
Drivers Lic:
Employer:
Occupation:
Occ Type:
Church:

Email: rjrdaly@hotmail.com

ST:

Boys' Life: No
Joined Unit: ____/____/____

Highest Scout Rank:
Became Leader: ____/____/____

Swimming Level: Non-Swimmer **Date:**

Leadership Position:

Position Date:

Health form on file: No
Emergency Contact(s):

Phone:
Phone:
Phone:
Phone:
Group:

Date
Health Form A: ____/____/____
Health Form B: ____/____/____
Health Form C: ____/____/____
Health Form D: ____/____/____
Tetanus: ____/____/____

Doctor:
Insurance:
Insurance Policy:
Medications:
Allergies:
Other:

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____

Remarks:

Troop 139 Adult Personal Data

Name: RICHARD DALY (RICH)

BSA ID#:
Sex: Male

Spouse: JUDY

Address: 58 CARNATION ST
BERGENFIELD NJ 07621

Mailing:

Home Phone: (201) 439.0828
Cellular: (201) 259.7010
_____: () _____
_____: () _____
Email:

DOB: ____/____/____
Drivers Lic:
Employer:
Occupation:
Occ Type:
Church:

ST:

Boys' Life: No
Joined Unit: ____/____/____

Highest Scout Rank:
Became Leader: ____/____/____

Swimming Level: Non-Swimmer **Date:**

Leadership Position:

Position Date:

Health form on file: No
Emergency Contact(s):

Doctor:
Insurance:
Insurance Policy:
Medications:
Allergies:
Other:

Phone:
Phone:
Phone:
Phone:
Group:

Date
Health Form A: ____/____/____
Health Form B: ____/____/____
Health Form C: ____/____/____
Health Form D: ____/____/____
Tetanus: ____/____/____

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	Y/N	_____	_____	_____
_____	_____	_____	Y/N	_____	_____	_____

Remarks:

Troop 139 Adult Personal Data

Name: ALEJANDRA V DUQUE

BSA ID#:

Sex: Female

Spouse: FERNANDO

Address: 147 Williamson Rd.
Bergenfield NJ 07621

Mailing:

Home Phone: (201) 384.0448

_____: () _____

_____: () _____

_____: () _____

Email: ALEJANDRA@DUQUE.ORG

DOB: ____/____/____

Drivers Lic:

ST: NJ

Employer:

Occupation:

Occ Type:

Church:

Boys' Life: No

Highest Scout Rank:

Joined Unit: ____/____/____

Became Leader: ____/____/____

Swimming Level: Non-Swimmer **Date:**

Leadership Position:

Position Date:

Health form on file: No

Emergency Contact(s):

Phone:

Health Form A: ____/____/____

Phone:

Health Form B: ____/____/____

Doctor:

Phone:

Health Form C: ____/____/____

Insurance:

Phone:

Health Form D: ____/____/____

Insurance Policy:

Group:

Tetanus: ____/____/____

Medications:

Allergies:

Other:

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____

Remarks:

Troop 139 Adult Personal Data

Name: FERNANDO DUQUE

BSA ID#:
Sex: Male

Spouse: ALEJANDRA

Address: 147 Williamson Rd.
Bergenfield NJ 07621

Mailing:

Home Phone: (201) 384.0448
Cellular: (646) 406.2010

Email: FERNANDO@DUQUE.ORG

DOB: ____/____/____
Drivers Lic: _____ **ST:** NJ
Employer:
Occupation: Computer
Occ Type: Math Technician/Programming
Church:

Boys' Life: No
Joined Unit: ____/____/____

Highest Scout Rank:
Became Leader: ____/____/____

Swimming Level: Non-Swimmer **Date:**

Leadership Position:

Position Date:

Health form on file: No
Emergency Contact(s):

Doctor:
Insurance:
Insurance Policy:
Medications:
Allergies:
Other:

Phone:
Phone:
Phone:
Phone:
Group:

Date
Health Form A: ____/____/____
Health Form B: ____/____/____
Health Form C: ____/____/____
Health Form D: ____/____/____
Tetanus: ____/____/____

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____

Remarks:

Troop 139 Adult Personal Data

Name: RAYMOND FILIPSKI (FATHER RAY)

BSA ID#:

Sex: Male

Spouse:

Address: 29 N. WASHINGTON AVE
BERGENFIELD NJ 07621

Mailing:

Home Phone: (201) 384.0101

_____: () _____

_____: () _____

_____: () _____

Email:

DOB: 01/01/50

Drivers Lic:

ST:

Employer:

Occupation:

Occ Type:

Church:

Boys' Life: Yes

Joined Unit: 09/10/95

Highest Scout Rank:

Became Leader: ____/____/____

Swimming Level: Non-Swimmer **Date:**

Leadership Position: Executive Officer

Position Date: 09/10/95

Health form on file: No

Emergency Contact(s):

Phone:

Phone:

Phone:

Phone:

Group:

Health Form A:

Health Form B:

Health Form C:

Health Form D:

Tetanus:

Date

____/____/____

____/____/____

____/____/____

____/____/____

____/____/____

Doctor:

Insurance:

Insurance Policy:

Medications:

Allergies:

Other:

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____

Remarks:

Special Awards

<u>Award</u>	<u>Date</u>	<u>Award</u>	<u>Date</u>
Bronze Pelican	05/20/95	Intl Aware Embl	06/01/99
Historical Trails	08/27/00	Millenium Awd	06/01/99

Training

<u>Course</u>	<u>Date</u>	<u>Course</u>	<u>Date</u>
Boy Scout Leader Fast Start (SFS)	09/01/03	Boy Scout Leader Fast Start (SFS)	01/01/94

Troop 139 Adult Personal Data

FILIPSKI, FATHER RAY (cont)

Venturing Fast Start (PFS)

09/01/03

Troop 139 Adult Personal Data

Name: CHARLENE GUNGIL

BSA ID#:
Sex: Female

Spouse: GURZ

Address: 27 HILLSIDE TERRACE
Montvale NJ 07645

Mailing:

Home Phone: (201) 327.1248
Work Phone: (973) 881.4396
Cellular: (201) 961.5995

Email: gungilc@gmail.com

DOB: ____/____/____
Drivers Lic: _____ **ST:** NJ
Employer: Passaic County Health Dept.
Occupation: Epidemiologist
Occ Type:
Church:

Boys' Life: No
Joined Unit: ____/____/____

Highest Scout Rank:
Became Leader: ____/____/____

Swimming Level: Non-Swimmer **Date:**

Leadership Position:

Position Date:

Health form on file: No
Emergency Contact(s):

Phone:
Phone:
Phone:
Phone:
Group:

Date
Health Form A: ____/____/____
Health Form B: ____/____/____
Health Form C: ____/____/____
Health Form D: ____/____/____
Tetanus: ____/____/____

Doctor:
Insurance:
Insurance Policy:
Medications:
Allergies:
Other:

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____

Remarks:

Training

<u>Course</u>	<u>Date</u>	<u>Course</u>	<u>Date</u>
NWS Skywarn Basic (NWSB)	05/15/12		

Troop 139 Adult Personal Data

Name: GURZ GUNGIL

BSA ID#:

Sex: Male

Spouse: CHARLENE

Address: 27 HILLSIDE TERRACE
Montvale NJ 07645

Mailing:

Home Phone: (201) 327.1248

_____: () _____

_____: () _____

_____: () _____

Email:

DOB: ____/____/____

Drivers Lic:

ST: NJ

Employer:

Occupation:

Occ Type:

Church:

Boys' Life: No

Joined Unit: ____/____/____

Highest Scout Rank:

Became Leader: ____/____/____

Swimming Level: Non-Swimmer **Date:**

Leadership Position:

Position Date:

Health form on file: No

Emergency Contact(s):

Phone:

Phone:

Phone:

Phone:

Group:

Health Form A:

Health Form B:

Health Form C:

Health Form D:

Tetanus:

Date

____/____/____

____/____/____

____/____/____

____/____/____

____/____/____

Doctor:

Insurance:

Insurance Policy:

Medications:

Allergies:

Other:

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____

Remarks:

Training

<u>Course</u>	<u>Date</u>	<u>Course</u>	<u>Date</u>
NWS Skywarn Basic (NWSB)	05/15/12		

Troop 139 Adult Personal Data

Name: ADRIAN MILLER

BSA ID#:

Sex: Male

Spouse: CAROLYN

Address: 132 PALISADE AVE
CRESSKILL NJ 07626

Mailing:

Home Phone: (201) 567.2364

_____: () _____

_____: () _____

_____: () _____

Email:

DOB: ____/____/____

Drivers Lic:

ST:

Employer:

Occupation:

Occ Type:

Church:

Boys' Life: No

Joined Unit: ____/____/____

Highest Scout Rank:

Became Leader: ____/____/____

Swimming Level: Non-Swimmer **Date:**

Leadership Position:

Position Date:

Health form on file: No

Emergency Contact(s):

Phone:

Phone:

Phone:

Phone:

Group:

Health Form A:

Health Form B:

Health Form C:

Health Form D:

Tetanus:

Date

____/____/____

____/____/____

____/____/____

____/____/____

____/____/____

Doctor:

Insurance:

Insurance Policy:

Medications:

Allergies:

Other:

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____

Remarks:

Troop 139 Adult Personal Data

Name: CAROLYN MILLER

BSA ID#:
Sex: Female

Spouse: ADRIAN

Address: 132 PALISADE AVE
CRESSKILL NJ 07626

Mailing:

Home Phone: (201) 567.2364

Email:

DOB: ____/____/____
Drivers Lic:
Employer:
Occupation:
Occ Type:
Church:

ST:

Boys' Life: No
Joined Unit: ____/____/____

Highest Scout Rank:
Became Leader: ____/____/____

Swimming Level: Non-Swimmer **Date:**

Leadership Position:

Position Date:

Health form on file: No
Emergency Contact(s):

Doctor:
Insurance:
Insurance Policy:
Medications:
Allergies:
Other:

Phone:
Phone:
Phone:
Phone:
Group:

Date
Health Form A: ____/____/____
Health Form B: ____/____/____
Health Form C: ____/____/____
Health Form D: ____/____/____
Tetanus: ____/____/____

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____

Remarks:

Troop 139 Adult Personal Data

Name: JOHN RACANELLI

BSA ID#:
Sex: Male

Spouse: CHRISTINE

Address: 315 WASHINGTON AVE
DUMONT NJ 07628

Mailing:

Home Phone: (201) 385.8372
Cellular: (201) 206.6425
_____: () _____
_____: () _____
Email: racenellibr04@optonline.net

DOB: __/__/__ **SSN:** 089-60-1415
Drivers Lic: 375460813 **ST:** NY
Employer:
Occupation:
Occ Type:
Church:

Boys' Life: No
Joined Unit: __/__/__

Highest Scout Rank:
Became Leader: __/__/__

Swimming Level: Non-Swimmer **Date:**

Leadership Position:

Position Date:

Health form on file: No
Emergency Contact(s):

Phone:
Phone:
Phone:
Phone:
Group:

Date
Health Form A: __/__/__
Health Form B: __/__/__
Health Form C: __/__/__
Health Form D: __/__/__
Tetanus: __/__/__

Doctor:
Insurance:
Insurance Policy:
Medications:
Allergies:
Other:

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____

Remarks:

Training

<u>Course</u>	<u>Date</u>	<u>Course</u>	<u>Date</u>
NWS Skywarn Basic (NWSB)	05/15/12		

Troop 139 Adult Personal Data

Name: CHRISTINE RACENELLI

BSA ID#:
Sex: Female

Spouse: JOHN

Address: 315 WASHINGTON AVE
DUMONT NJ 07628

Mailing:

Home Phone: (201) 385.8372
Cellular: (201) 206.6426
_____: () _____
_____: () _____
Email: crac1@optonline.net

DOB: ____/____/____
Drivers Lic:
Employer:
Occupation:
Occ Type:
Church:

ST:

Boys' Life: No
Joined Unit: ____/____/____

Highest Scout Rank:
Became Leader: ____/____/____

Swimming Level: Non-Swimmer **Date:**

Leadership Position:

Position Date:

Health form on file: No
Emergency Contact(s):

Phone:
Phone:
Phone:
Phone:
Group:

Date
Health Form A: ____/____/____
Health Form B: ____/____/____
Health Form C: ____/____/____
Health Form D: ____/____/____
Tetanus: ____/____/____

Doctor:
Insurance:
Insurance Policy:
Medications:
Allergies:
Other:

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____

Remarks:

Troop 139 Adult Personal Data

Name: JEANNE ROSS

BSA ID#:
Sex: Female

Spouse: TODD

Address: INDIAN HEAD P. O. BOX 149
Alpine NJ 07620

Mailing:

Home Phone: (201) 768.1752
Cellular: (607) 259.1899

Email: CHARLIESMOM96@VERIZON.NET

DOB: 10/21/56 **SSN:** 144-52-4237
Drivers Lic: R67263926560565 **ST:** NJ
Employer:
Occupation:
Occ Type:
Church: ST. THERESE OF LISIEUX

Boys' Life: No
Joined Unit: ___/___/___

Highest Scout Rank:
Became Leader: ___/___/___

Swimming Level: Non-Swimmer **Date:**

Leadership Position:

Position Date:

Health form on file: No
Emergency Contact(s):

Phone:
Phone:
Phone:
Phone:
Group:

Date
Health Form A: ___/___/___
Health Form B: ___/___/___
Health Form C: ___/___/___
Health Form D: ___/___/___
Tetanus: ___/___/___

Doctor:
Insurance:
Insurance Policy:
Medications:
Allergies:
Other:

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____

Remarks:

Troop 139 Adult Personal Data

Name: JOAN SCIAME

BSA ID#:
Sex: Female

Spouse: PHIL

Address: 40 HARRIET AVE.
BERGENFIELD NJ 07621

Mailing:

Home Phone: (201) 385-3553
_____: () _____
_____: () _____
_____: () _____

DOB: ____/____/____
Drivers Lic:
Employer:
Occupation:
Occ Type:
Church:

Email:

ST:

Boys' Life: No
Joined Unit: ____/____/____

Highest Scout Rank:
Became Leader: ____/____/____

Swimming Level: Non-Swimmer **Date:**

Leadership Position:

Position Date:

Health form on file: No
Emergency Contact(s):

Phone:
Phone:
Phone:
Phone:
Group:

Date
Health Form A: ____/____/____
Health Form B: ____/____/____
Health Form C: ____/____/____
Health Form D: ____/____/____
Tetanus: ____/____/____

Doctor:
Insurance:
Insurance Policy:
Medications:
Allergies:
Other:

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____

Remarks:

03/24/13

Troop 139 Adult Personal Data

Name: PHIL SCIAME

BSA ID#:

Sex: Male

Spouse: JOAN

Address: 40 HARRIET AVE.
BERGENFIELD NJ 07621

Mailing:

Home Phone: (201) 385-3553
Work Phone: (845) 359.7800 x346
_____: () _____
_____: () _____
Email: phil.sciame@dc.edu

DOB: 04/05/50 SSN: 127-38-5938
Drivers Lic: S15856267104502 ST: NJ
Employer:
Occupation:
Occ Type:
Church:

Boys' Life: No
Joined Unit: 09/10/96

Highest Scout Rank:
Became Leader: _/_/_

Swimming Level: Non-Swimmer Date:

Leadership Position: Committee Chair

Position Date: 09/01/03

Leadership History

Committee Member 09/10/96 - 09/01/03

Health form on file: No

Emergency Contact(s):

Doctor:

Insurance:

Insurance Policy:

Medications:

Allergies:

Other:

Phone:
Phone:
Phone:
Phone:
Group:

Date
Health Form A: _/_/_
Health Form B: _/_/_
Health Form C: _/_/_
Health Form D: _/_/_
Tetanus: _/_/_

Insurance (in thousands)

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
94 Mercury Villager	7		Y / N			

<u>Prior Service:</u>	<u>From</u>	<u>To</u>	<u>Level</u>	<u>Unit #</u>	<u>Council #</u>
	09/01/84	09/10/96			

Remarks: Rmk #1: Allstate

Special Awards

<u>Award</u>	<u>Date</u>	<u>Award</u>	<u>Date</u>
Col. Annapolis Med	01/15/00	Historical Trails	08/27/00

Troop 139 Adult Personal Data

SCIAME, PHIL (cont)

Training

<u>Course</u>	<u>Date</u>	<u>Course</u>	<u>Date</u>
Boy Scout Leader Fast Start (SFS)	09/01/03	Venturing Fast Start (PFS)	09/01/03
Boy Scout Leader Fast Start (SFS)	09/10/96		

Troop 139 Adult Personal Data

Name: JON SIEBERT

BSA ID#:

Sex: Male

Spouse: SANDRA

Address: 78 GLENWOOD DRIVE NORTH
BERGENFIELD NJ 07621

Mailing:

Home Phone: (201) 244.5992

_____: () _____

_____: () _____

_____: () _____

Email:

DOB: ____/____/____

Drivers Lic:

ST:

Employer:

Occupation:

Occ Type:

Church:

Boys' Life: No

Highest Scout Rank:

Joined Unit: ____/____/____

Became Leader: ____/____/____

Swimming Level: Non-Swimmer **Date:**

Leadership Position:

Position Date:

Health form on file: No

Emergency Contact(s):

Phone:

Health Form A: ____/____/____

Phone:

Health Form B: ____/____/____

Doctor:

Phone:

Health Form C: ____/____/____

Insurance:

Phone:

Health Form D: ____/____/____

Insurance Policy:

Group:

Tetanus: ____/____/____

Medications:

Allergies:

Other:

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____

Remarks:

Troop 139 Adult Personal Data

Name: SANDRA L SIEBERT

BSA ID#:
Sex: Female

Spouse: JON

Address: 78 GLENWOOD DRIVE NORTH
BERGENFIELD NJ 07621

Mailing:

Home Phone: (201) 244.5992
Cellular: (201) 522.1990

Email: sandysiebert@optonline.net

DOB: ____/____/____
Drivers Lic: _____ **ST:**
Employer:
Occupation:
Occ Type:
Church:

Boys' Life: No
Joined Unit: ____/____/____

Highest Scout Rank:
Became Leader: ____/____/____

Swimming Level: Non-Swimmer **Date:**

Leadership Position:

Position Date:

Health form on file: No
Emergency Contact(s):

Doctor:
Insurance:
Insurance Policy:
Medications:
Allergies:
Other:

Phone:
Phone:
Phone:
Phone:
Group:

Date
Health Form A: ____/____/____
Health Form B: ____/____/____
Health Form C: ____/____/____
Health Form D: ____/____/____
Tetanus: ____/____/____

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____

Remarks:

Troop 139 Adult Personal Data

Name: DIANA VALENCIA

BSA ID#:
Sex: Female

Spouse: SERGIO

Address: 110 PLEASANT AVE
Bergenfield NJ 07621

Mailing:

Home Phone:
Cellular: (201) 446.0355

Email: cecile033@aol.com

DOB: 07/26/69 **SSN:** 151-78-5983
Drivers Lic: **ST:** NJ
Employer:
Occupation:
Occ Type:
Church:

Boys' Life: No
Joined Unit: ___/___/___

Highest Scout Rank:
Became Leader: ___/___/___

Swimming Level: Non-Swimmer **Date:**

Leadership Position:

Position Date:

Health form on file: No
Emergency Contact(s):

Doctor:
Insurance:
Insurance Policy:
Medications:
Allergies:
Other:

Phone:
Phone:
Phone:
Phone:
Group:

Date
Health Form A: ___/___/___
Health Form B: ___/___/___
Health Form C: ___/___/___
Health Form D: ___/___/___
Tetanus: ___/___/___

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____

Remarks:

Training

<u>Course</u>	<u>Date</u>	<u>Course</u>	<u>Date</u>
NWS Skywarn Basic (NWSB)	05/15/12		

Troop 139 Adult Personal Data

Name: ANDRES VILLALUNA

BSA ID#:

Sex: Male

Spouse: CONNIE

Address: 676 WILLIAM BLISS DR
NEW MILFORD NJ 07646

Mailing:

Home Phone: (201) 967.7882

Cellular: (201) 723.4556

_____: () _____

_____: () _____

Email: njcrosstrainers@hotmail.com

DOB: ____/____/____

SSN: 111-50-5757

Drivers Lic: _____ **ST:** NJ

Employer:

Occupation:

Occ Type:

Church:

Boys' Life: No
Joined Unit: ____/____/____

Highest Scout Rank: _____
Became Leader: ____/____/____

Swimming Level: Non-Swimmer **Date:**

Leadership Position:

Position Date:

Health form on file: No

Emergency Contact(s):

Doctor:

Insurance:

Insurance Policy:

Medications:

Allergies:

Other:

Phone:

Phone:

Phone:

Phone:

Group:

Health Form A: ____/____/____

Health Form B: ____/____/____

Health Form C: ____/____/____

Health Form D: ____/____/____

Tetanus: ____/____/____

Date

Insurance (in thousands)

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____

Remarks:

Training

<u>Course</u>	<u>Date</u>	<u>Course</u>	<u>Date</u>
Amateur Radio Tech (ART)	01/22/10		

Troop 139 Adult Personal Data

Name: CONNIE VILLALUNA

BSA ID#:
Sex: Female

Spouse: ANDRES

Address: 676 WILLIAM BLISS DR
NEW MILFORD NJ 07646

Mailing:

Home Phone: (201) 967.7882

Cellular: (201) 723.9562

_____: () _____

_____: () _____

Email: IndayConnieV@gmail.com
andrecon@optonline.com

DOB: ___/___/___ **SSN:** 106-68-6196

Drivers Lic: V43521347762581 **ST:** NJ

Employer:

Occupation:

Occ Type:

Church:

Boys' Life: No
Joined Unit: ___/___/___

Highest Scout Rank:
Became Leader: ___/___/___

Swimming Level: Non-Swimmer **Date:**

Leadership Position:

Position Date:

Health form on file: No

Emergency Contact(s):

Doctor:

Insurance:

Insurance Policy:

Medications:

Allergies:

Other:

Phone:
Phone:
Phone:
Phone:
Group:

Date
Health Form A: ___/___/___
Health Form B: ___/___/___
Health Form C: ___/___/___
Health Form D: ___/___/___
Tetanus: ___/___/___

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____

Remarks:

Troop 139 Adult Personal Data

Name: SANDRA ZIKLALA

BSA ID#:
Sex: Female

Spouse: KOJO

Address: 9 AVON CT
Bergenfield NJ 07621

Mailing:

Home Phone: (201) 384.1855
Work Phone: (646) 442.0181
Cellular: (201) 663.3574
_____: (____) _____
Email:

DOB: ____/____/____
Drivers Lic: _____ **ST:** NJ
Employer: Shared Interest
Occupation:
Occ Type: Financial/Banking/Investing
Church:

Boys' Life: No
Joined Unit: ____/____/____

Highest Scout Rank:
Became Leader: ____/____/____

Swimming Level: Non-Swimmer **Date:**

Leadership Position:

Position Date:

Health form on file: No
Emergency Contact(s):

Phone:
Phone:
Phone:
Phone:
Group:

Date
Health Form A: ____/____/____
Health Form B: ____/____/____
Health Form C: ____/____/____
Health Form D: ____/____/____
Tetanus: ____/____/____

Doctor:
Insurance:
Insurance Policy:
Medications:
Allergies:
Other:

<u>Vehicle(s)</u>	<u># Belts</u>	<u>Lic Plate</u>	<u>Hitch</u>	<u>Insurance (in thousands)</u>		
				<u>Per Person</u>	<u>Per Accident</u>	<u>Property</u>
_____	_____	_____	Y / N	_____	_____	_____
_____	_____	_____	Y / N	_____	_____	_____

Remarks: