

# INSURANCE ORDER FORM FOR GIRL SCOUT ACTIVITIES

Refer to insurance and trip sections in [Volunteer Essentials](#) and [Safety Activity Checkpoints](#) before completing this form. Verify trip approval **prior** to form submission. Insurance payments are **non-refundable**. Submit this form along with payment **no later than TWO WEEKS PRIOR TO ACTIVITY** by email to [virginiad@gscoc.org](mailto:virginiad@gscoc.org) or deliver in-person/mail to the Council office. **(DO NOT include CC information if submitting via email; please call to provide payment.)** **If not submitted before deadline, the order may not be processed, which may result in a rescinded trip approval.** Order confirmation will be sent to the email address submitted on this form.

Name of Adult in Charge \_\_\_\_\_ Email \_\_\_\_\_  
 Phone \_\_\_\_\_ Troop# \_\_\_\_\_ Service Unit \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SECTION I** - Select an insurance plan for this activity.

- Plan 3E Cost is 29 cents per person per day.
- Plan 3P Cost is 70 cents per person per day.
- Plan 3PI Cost is \$1.17 per person per day (international trips only; attach roster with names and ages of trip participants).

**SECTION II** - Dates, location and type of activity.

Trip destination(s) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
**OR** International trip destination(s) \_\_\_\_\_ Country \_\_\_\_\_  
 Activities to be conducted \_\_\_\_\_  
 Trip/activity start date \_\_\_\_\_ end date \_\_\_\_\_ Total number of calendar days \_\_\_\_\_ (include all partial days)

**SECTION III** - People attending trip/activity.

- List troop numbers of all girls participating in this activity: \_\_\_\_\_
- A. Number of registered Girl Scout girls in above troop(s) participating in trip/activity. \_\_\_\_\_
  - B. Number of registered Girl Scout adults in above troop(s) participating in trip/activity. \_\_\_\_\_
  - C. Number of non-registered children participating in trip/activity. \_\_\_\_\_
  - D. Number of non-registered adults participating in trip/activity. \_\_\_\_\_
  - E. Total persons (A + B + C + D) \_\_\_\_\_

**SECTION IV** - Computing fee for insurance.

Total persons (Section III, Line E) \_\_\_\_\_ **X** Total calendar days (Section II) \_\_\_\_\_ = \_\_\_\_\_ Total participant days  
 Total participant days \_\_\_\_\_ **X** Cost of plan ordered (Section I) \_\_\_\_\_ = \$ \_\_\_\_\_ **Total cost of insurance**

**PAYMENT** - Select a payment option. **Minimum order is \$5.**

<input type="checkbox"/> <b>Cash</b> <input type="checkbox"/> <b>Check</b> (make payable to GSCCC)	<b>DO NOT include CC information if submitting via email; please call to provide payment.</b>
<b>Credit Card:</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover CVV # _____ Amount to be charged \$ _____ Account # _____ Expiration (MM/YYYY) _____ Print name as it appears on card: _____	

My payment to GSCCC for the premium is attached. My signature below indicates that this trip/activity has been approved by the appropriate volunteer and/or GSCCC staff member as required by [Volunteer Essentials](#) and [Safety Activity Checkpoints](#).

Signature \_\_\_\_\_ Date \_\_\_\_\_