



INSURANCE ORDER FORM FOR GIRL SCOUT ACTIVITIES

Refer to insurance and trip sections in *Volunteer Essentials* before completing this form. Verify trip approval **prior** to form submission. Insurance payments are **non-refundable**. This form along with payment **must be submitted TWO WEEKS PRIOR TO ACTIVITY** by email to virginiad@gscoc.org, fax to 757-547-1872, or delivered in-person or mailed to the Council office. Order confirmation will be sent to the email address provided on this form.

Name of Adult in Charge _____ **Email** _____
Phone (Day) _____ (Night) _____ Troop# _____ Service Unit _____
Street Address _____ City _____ State _____ Zip _____

SECTION I - Select an insurance plan for this activity.

- Plan 2 Cost is 11 cents per person per day.
- 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**
Minimum order is \$5.

PAYMENT - Select a payment option.

<input type="checkbox"/> Cash <input type="checkbox"/> Check (made payable to GSCCC)	Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover 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*.

Signature _____ Date _____