girl scouts of the colonial coast

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@gsccc.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 If not submitted before deadline, the order may not be processed, which may result in a rescinded trip approval.** Order confirmation will be sent to the email address submitted on this form.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.**

☐ **Cash** ☐ **Check** (make payable to GSCCC)	**DO NOT include CC information if submitting via email; please call to provide payment.** **Credit Card:** ☐ Visa ☐ MasterCard ☐ American Express ☐ 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* and *Safety Activity Checkpoints*.

Signature _____ Date _____