



Enrollment Form Girl Scouts of Central & Southern NJ

Name of person submitting this form _____

Contact phone number (____) _____

Service Unit Name _____ Troop number _____

Schedule of Each Event

Please provide Accident Insurance to cover all enrolled participants in the following approved, supervised Girl Scout activities.

| Name and Location of Event | Beginning Date MM/DD/YYYY | Ending Date MM/DD/YYYY | Number of Participants | Number of Days | Number Participant days (participants X days) | Premium Each Day @ .11 cents | Total amount due |
|----------------------------|------------------------------|---------------------------|------------------------|----------------|--|------------------------------|------------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |

(Check made payable to **GSCSNJ** for the TOTAL PREMIUM shown above enclosed. MINIMUM PREMIUM is \$5.00)

Total Premium Amount Due \$ _____

*Please mail Check and form **4 weeks prior** to event to:*

Girl Scouts of Central & Southern NJ
Attn: Donna Hoffman
2944 Victoria Avenue
Newfield, NJ 08344