

## Plan 3P Enrollment Form for Accident plus Sickness Insurance

1. Submit the completed enrollment form through the Girl Scout Council for Approval
2. Following council approval, the Council will process the completed enrollment form and troop trip roster. (Make check payable to GSCSNJ.)

Council Code No. 1 3 1

Name of applicant \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Troop # \_\_\_\_\_  
 Service Unit \_\_\_\_\_

**Council approval is required**

Please provide Accident Insurance to cover all enrolled participants in the following approved, supervised Girl Scout Trip (except statutory employees covered under worker's compensation):

### Trip Schedule

Name and Location of Trip	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 @ \$1.17	Total amount due
Sample: Country	02/05/xxxx	02/09/xxxx	25	5	125	\$0.70	\$87.50

Total Premium Amount Due \$ \_\_\_\_\_

**Attention Troop Leader:**

**Please attach the completed trip roster to this enrollment form.**

**Important Note to Leaders: Please prepare and bring a list of emergency parental, guardian or personal contacts and their telephone numbers for all participants with you during the trip**

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

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

Girl Scouts of Central & Southern NJ Attention: Insurance Request  
 40 Brace Road  
 Cherry Hill, NJ 08034