

Plan 3P – Overnight

Tag Along Insurance Enrollment Form for Girl Scouts of Northeastern New York
 Submit the completed form to GSNENY at 8 Mountainview Avenue, Albany NY 12205 or to
volunteering@girlscoutsneny.org.

FROM:

Troop or Service Unit _____

Leader name or name of person submitting this form _____

Email _____

Phone Number _____

Council Code 153

			(1)	(2)	(3)	(4)	
Name and Location of Event	Beginning Date	Ending Date	# of participants	# of days	# participant days (1 x 2)	Premium each day @ \$0.70	Total (3 x 4)
SAMPLE: CAMPING	2/5/XX	2/9/XX	25	5	125	\$0.70	\$87.50
						\$0.70	
						\$0.70	
						\$0.70	
						\$0.70	
						\$0.70	
						\$0.70	
TOTAL	N/A	N/A				\$0.70	

Check made payable to GSNENY for the TOTAL PREMIUM shown above is enclosed.
 Minimum premium is \$5.00. Several forms for events can be combined in one submission.

Person submitting form Signature _____ Date _____

Council Signature _____ Date _____

Payment Status: Check _____ Credit Card _____ Code _____ - _____ - _____ - _____ - _____ - _____