

# Additional Insurance Request

**Please make all checks payable to "Girl Scouts of New Mexico Trails." Refer to Volunteer Essentials for more information.**

Check the box next to the type of insurance you need (*check only one plan*):

- Plan 2--\$0.11 per person per day. For Non-Registered attendees, select this plan for events two (2) nights or fewer.
- Plan 3E--\$0.29 per person per day. Select this plan for events three (3) or more nights in duration for all attendees.
- Plan 3P--\$0.70 per person per day. Select this plan for events three (3) or more nights in duration for all attendees.
- Plan 3PI--\$1.17 per person per day. This plan is required for all attendees for international travel.

Troop/Group Leader name or name of person submitting this form: \_\_\_\_\_

Troop and/or Service Unit Number: \_\_\_\_\_

**There is a \$5.00 minimum purchase PER PAGE for all additional insurance requests.  
You may combine events on one form to meet the \$5.00 minimum, if desired.**

<b>Event Name and Location</b>	<b>Beginning Date</b>	<b>Ending Date</b>	<b>Number of Participants (A)</b>	<b>Number of Days (B)</b>	<b>Cost per Person per Day (C)</b>	<b>Total (A x B x C)</b>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
<b>Total</b>						

**COUNCIL USE ONLY**

Date Received: \_\_\_\_\_ Date Submitted: \_\_\_\_\_ Date Purchased: \_\_\_\_\_

Amount Charged: \_\_\_\_\_ La Tienda Receipt Number: \_\_\_\_\_

Fund	GL	Department	Activity	Source	Location	Function
						3

**Please submit this form to your local Membership Staff Member at least five (5) business days before your event.**

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_ CVV: \_\_\_\_\_ Zip code: \_\_\_\_\_