

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 3P--\$0.70 per person per day. (Accident plus sickness insurance. No event duration time frame).
- ☐ 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.***

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

COUNCIL USE ONLY

Date Received: _____ Date Submitted: _____ Date Purchased: _____

Amount Charged: _____ La Tienda Receipt Number: _____

Fund	GL	Department	Activity	Source	Location	Function
10				9999		3

Please submit this form to your local Membership Staff Member at least five (5) business days before your event; no day-of submissions.

Card Number: _____ Expiration Date: _____

Signature of Card Holder: _____ CVV: _____ Zip code: _____