



Girl Scouts of NE KS & NW MO
 8383 Blue Parkway Dr, KCMO 64133
 (800)728-8750 Fax 816- 358-5714
gsksmo.org

DAY CAMP INSURANCE PURCHASE FORM

Additional insurance must be purchased for all non-registered person(s) attending Day Camp. To purchase additional insurance, complete and submit this form with the appropriate fee at least **3 weeks** before the event date. Forms can be submitted by mail, fax or email to programapproval@gsksmo.org.

Day Camp Director's Name: _____ SU#: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Tel. Day: (____) _____ Tel Eve: (____) _____ E-mail: _____

Name & Address of Day Camp Location: _____

Date(s): _____

COMPLETE THE CHART BELOW FOR THE TYPE(S) OF INSURANCE COVERAGE NEEDED

Plan 2: Accident coverage for **non-members** participating (adults, siblings, and/or tags) during Day Camp.
 (\$0.11 per person per day)

PLAN	Number of Participants	Number of <i>Calendar Days</i>	Number of participants X Number of days	Premium each day	TOTAL DUE
<i>Example</i>	15	2	30	@ .11	\$3.30
2				@ .11	

Payment:

- **Forms submitted at least 3 weeks prior** to Day Camp should include payment for the exact amount. Payment must be made in the form of a check or debit/credit card. Checks should be made out to Girl Scouts.

Check #: _____ Amount of Check:\$ _____

___ Visa ___ Mastercard ___ Discover Amount to be applied to credit card:\$ _____

Credit Card #: _____ Exp# _____ CVV _____

Signature: _____ Date: _____