Great Falls Service Center
P.O. Box 7128
Great Falls, MT 59406
1-800-823-4475/406-453-2477
Fax: 406-454-1868

Girl Scouts of Montana and Wyoming
P.O. Box 30595
Billings, MT 59107
1-800-736-5243/406-252-0488
Fax: 406-248-6228
www.gsmw.org

Wyoming Service Center
P.O. Box 50307
Casper, WY 82605
1-800-359-0227/307-234-3505
Fax: 307-266-9174

ENROLLMENT FORM FOR ADDITIONAL INSURANCE

ADDITIONAL INSURANCE IS REQUIRED IF:

1. An event has non-Girl Scouts attending.
2. A trip lasts longer than 3 days and 2 nights. (If the trip occurs during a federal holiday, 4 days and 3 nights are allowed without the additional insurance.)

Troop/Service Unit Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone :(day) _____ (evening)_____

2008-2009 INSURANCE RATES: *(please insert appropriate rate in column #4 below)

- ◆ Non-Girl Scout Insurance (for day camps and day events) 11¢ per camper day
- ◆ Secondary Activity Insurance for Trips and events lasting more than 2 overnights 29¢ per camper day
- ◆ Primary Activity Insurance for Trips and events lasting more than 2 overnights 67¢ per camper day

THERE IS A $5.00 MINIMUM FEE

			(1)	(2)	(3)	**(4)**	(5)
Name and Location of Event	Beginning Date	Ending Date	Number of Participants	Number of Days	Number of Camper Days (1x2)	Premium Each Day *	Total Premium (3x4)

Service Unit Name:_____ Troop Number (if applicable)_____

PLEASE MAKE CHECK OUT TO: *GSMW*

SEND IT TO: GIRL SCOUTS OF MONTANA AND WYOMING
P.O. Box 30595
Billings, MT 59107

NOTE: This form is to be received in the council office 1 week prior to the beginning of your event. Non-compliance with this deadline may mean your event cannot be insured and will have to be cancelled.