

Troop Travel Packet

For Troop Travel experiences that only take place domestically within the jurisdiction of the United States.

Girl Scouts of Citrus Council 341 N. Mills Ave. Orlando, FL 32803 (407) 896-4475 www.citrus-gs.org





Travel Progression

Progression allows girls to learn the skills they need to become competent travelers, including how to plan and organize trips. Travel fun can be endless when girls lead.

Overnights

Take an all-day trip!

Keep it girl-led:

girls choose the

activity (perhaps

working toward a

badge) and make

plans for lunch.

location and

Day Trips

Local Field Trips

Get your travel feet wet! Walk to a nearby garden, or take a short ride to a firehouse or other local spot.

Keep it girl-led: girls choose the location.

Start with one night, maybe at a camp or museum. Progress to a weekend trip in a nearby city or state park.

Keep it girl-led: girls plan the activity and meals, create travel games, and pack their own overnight bags.

National Trips

Travel the country!

Trips often last a week or more. Girls should think beyond a typical vacation location and consider historical sites, museums, or

national parks!

Keep it girl-led: girls lead the entire planning process and might add a community service or Take Action project.

(Extended trip insurance required.)

Independent Travel

Travel the world!
These life-changing trips usually take one to three years to prepare.

International

Keep it girl-led: girls download

Consider visiting

a WAGGGS World

Centre!

the Global Travel
Toolkit and plan
their entire trip
(including learning
about the language,
culture, passports
and visas,
exchange rates,
etc.).

(Extended trip insurance required.)

Cadette, Senior. and Ambassador girls with travel experience can travel nationally or internationally independently through counciloffered travel opportunities or GSUSA's **Destinations** program. Check with your council, or visit the Girl Scout Destinations website!

Check with your council about age requirements. Girls should have experience at every level of the progression before moving on to the next level. For regional travel, girls must be Juniors or older.

For national and international trips, girls must be Cadettes or older.

require exper programent limits for na

Regional

Trips

Spend three to

four nights away

somewhere a few

hours from home.

Keep it girl-led:

trip, such as the

budget, the route.

girls plan key

details of the

activities, the

and lodging.

(Extended

required.)

trip insurance

When moving up to each level of the progression, consider girls' independence, flexibility, decision making, group skills, and cross cultural skills.



Troop Travel Application

This packet is to be completed any time you are spending the night on a non GSC property. Please be sure to review all information in this packet and complete applications a minimum of **60 days** prior to trip or activity. Once it is received you will be notified within **10 business days** of the status of your request and if there are any concerns. The completed Packet must be submitted with all the forms, attachments, and insurance request if the trip/activity requires it. Please refer to the Activity/Travel Checklist for clarification. Always wait for approval before moving forward with the girls for planning. Please submit all forms to Customer Care, attention Michelle Rouleau – Sr. Manager of Outdoor Adventure and Travel at customercare@citrus-gs.org.

Troop #	Service Comr	munity		Program	n I evel	
	ne:	-				
	:					
Return Date:		Time:	Locat	ion:		
Is the trip 2-nights/	3 days or less	or is this a	an Extended Trip 3	3 – nights	or more	
Female Adults:	Male Adults:	DY: E	3R: JR:	_ CD:	SR: A	∖ B:
What is the purpos	e of this trip (i.e. Tro	op trip, Service,	etc.)?			
Estimated cost per	girl: \$ Estir	mated cost per	adult: \$	_Total Bud	get: \$	
Does your group p	lan on participating i	in council-spon	sored product sale	es? Yes _	No	
Does your group p	lan on conducting ar	ny money-earni	ing activities? Yes	No		
<u>Transportation</u>						
Type of Vehicle:		(Remember	r that 15 passenge	er vans are	e not permitted)
If a sales as a selection to	eased vehicles you i	must list adults	below (if applicab	le, list add	itional driver(s))
٠.	•		(11			,
information on a se	•		` ''		Policy #:	,
information on a se	eparate sheet):		Ins Co.:			
information on a se Name:	eparate sheet):D.L.#		Ins Co.:		Policy #:	

If using a tour company list name and attach their itinerary: _



Troop Travel Application

Travel Route

Please be sure to include a copy of your travel route (copy of google maps) along with designated stops and or breaks.

Travel Restrictions – No travel is permitted to locations if there is a Level 4 Travel Advisory, those locations that have a Level 3 are advised to reconsider travel.

Are there any high-risk activities on this trip? Yes ____ No ___ Type of activities: _____ Are they on the GSC approved vendor list? Yes ____ No ___ If not please list below: Vendor Name: ____ Vendor Phone: ____ Vendor address: ____ Vendor Website: ____ All high-risk activities must be approved. As the responsible adult for this group, I have verified all safety guidelines in Safety Activity Checkpoints and verified the vendor carries a 1-million-dollar liability policy. Please be sure to include with this packet all information

Itinerary for Trip

Date & Times	Name & Address of Location	Type of Activity		



Troop Travel Application

Statement of Compliance:

As the designated leader /responsible adult for this trip, I agree to the following:

- I have reviewed and will be adhering to the following guidelines: Safety Activity Checkpoints, Volunteer Essentials GSUSA and Girl Scouts of Citrus Council (GSC) health, safety, and emergency procedures.
- I have reviewed the current COVID information found on both the GSC and CDC websites and understand that it is my responsibility to make sure all guidelines are being followed at all locations, activities, and stops. This includes checking all travel restrictions and advisories.
- I understand that COVID-19 is an extremely contagious virus that spreads easily in the community. I
 have discussed with each troop/family that they should weigh their participation based on their own, as
 well as their family members health concerns. As with any social activity, participation in Girl Scouts
 could present the risk of contracting COVID-19. While Girl Scouts of Citrus takes every safety and
 preventative precaution, I understand that Girl Scouts of Citrus can in no way warrant or be held
 responsible that COVID-19 infection will not occur through participation in Girl Scout activities.
- Every driver must be a registered, background-checked member (approved volunteer) at least 21 years old, and have a good driving record, (more specific, without not driving restrictions) a valid license, and a registered/insured vehicle.
- If a group is traveling in one vehicle, there must be at least two unrelated, registered background checked members (approved adult volunteers) in the vehicle, one of whom is female.
- If a group is traveling in more than one vehicle, the entire group must consist of at least two unrelated, registered background checked members (approved adult volunteers), one of whom is female
- Ensure there are breaks built into the schedule, to allow time for drivers to rest. If a trip is longer than 6 hours, be sure to have relieve drivers for each vehicle.
- All vehicles are currently registered, insured, have had recent maintenance inspection and have a seat and seatbelt for every passenger.
- Vehicle checklist has been completed on each day of travel.
- Parents/guardians are informed of the trip activities, safety procedures, and contact information.
- I understand that by providing incorrect or participating in an activity that is not approved could result in the trip not being covered by Girl Scout Activity Insurance and could increase personal liability.
- Appropriate permissions have been obtained for each girl including Health History/Health Exam, waivers, and permission slips.
- Our group/troop will conduct ourselves at all times in a positive manner while representing Girl Scouts.
- All adults and girls have completed and submitted behavioral/photo agreements
- Each vehicle will have trip binders all pertinent information for everyone and a first aid kit
- I have read and discussed the Safety Checklist with all adults and Girl Scouts on this trip.

Designated Leader/Responsible Adult:	
Print Name:	
Signature:	Date:
For Girl Scouts of Citru	s Council Staff Only
Date Received: Approved: Yes _	No:
If not approved, reason and actions that need to be t	aken:
Council Approval (Print):	Date:



Acknowledgement of Covid-19 Guidelines

This form is to be used when participating in any Girl Scout activities, meetings, trips etc. that take place for any Girl Scout activity with girls and/or adults.

<u>Please note</u>: for troop meetings this form only needs to be submitted once per membership year unless there is a location change.

Volunteer:	
Email:	Contact Phone:
Troop #'s for all troops you lead :	
Community Name:	
For troop meetings (only 1 per year) o	For any activity (each time)
Troop meeting/activity address:	
Please acknowledge that you understand ea	ach of the statements below:
should weigh their participation based on the concerns. As with any social activity, particip COVID-19. While Girl Scouts of Citrus takes	that spreads easily in the community. Each troop/family eir own as well as their family members health pation in Girl Scouts could present the risk of contracting every safety and preventative precaution, Girl Scouts esponsible that COVID-19 infection will not occur Initial
Council and I will take all reasonable precau	ing in-person activities from Girl Scouts of Citrus tions to limit exposure for girls, volunteers, and families, GSC and state health department guidelines Initial
our time together such as wiping down and o activity. Wiping down supplies and other iter wash hands including how to shut off faucet	families what measures have been put in place during disinfecting all high touch areas before, during and after ms and areas, spraying a disinfectant, the proper way to s, open doors, etc., using hand sanitizer, wearing ety protocol including pre-screening forms and
	cluding meetings the adult volunteers are responsible stancing guidelines and cleaning protocols Initial
and others who may have been exposed. Ι ι	ult within my troop, I will notify the parents/caregivers understand girl and volunteer health information is anyone outside of those exposed Initial
Volunteer Name Printed/Typed :	
Volunteer Signature:	Date:



Participant Roster for All Activities

(Roster must be submitted with each Activity Request Form)

	Troo	p Meeting _	Event/Activ	ity Name of Event/Activ	rity		Da	ite:	
	er, Outdo	or Skills and,	or any other trai	s and approved volunteers. Plea ned volunteers that are attendir					
Participant's Name	Adult or Girl	DOB	Participant Contact Phone (Cell)	Emergency Contact Name	Relationship to participant	Emergency Contact Phone (cell)	Certifications FA/CPR, Outdoor, Lifeguard, etc.	Certification Expiration Date (if applicable)	Background Check Expiration Date



Safety Checklist for all Drivers and Vehicles

Troop C	Contact Name	e:		 	Contact Ph	ione:			_
Troop #	£	Service Comr	munity			Progra	m Level		
Travel [Destination: _								_
Departu	ıre Date:		Time:		Loca	ation:			
		_ Male Adults:							
									_
									the come
<u>vvnen (</u>	ariving a car	r, RV, or camper, t	ake the ioi	iowing pi	recautions	anu ask a	an other di	rivers to do	the same:
	and have a	must have a curre safe driving record ered vehicle.							
		are never drive ot o, she is considered			ties or field	trips, inclu	ding golf c	arts .(If the n	nember has a girl
	Review Safe	ety Activity Checkp	oints and V	olunteer E	Essentials t	or all guide	elines for d	riving	
	Never trans	port girls in flatbed	or panel tru	cks, in th	e bed of a	pickup, or i	n a campe	r-trailer.	
	Keep directi	ons and a road ma	p in the car	, along wi	th a first-ai	d kit and a	flashlight.		
	Complete D	aily Vehicle Check	list						
		cessary papers up al inspections; and			not limited	to your dr	iver's licen	se; vehicle re	egistration; any
	Wear seat b	elts and insist that	all passeng	ers do th	e same. Ea	ach person	must have	their own, fi	xed seatbelt.
	Girls under	12 must ride in the	back seats.	. Use car	seats and	boosters a	s required	in your state	
	Drivers are	not to drive more th	nan 6 hours	, set up re	elief drivers	or stop for	the night.		
	Be sure to h	ave designated st	ops along th	e way for	travel				
	Keep at leas	st a two-car-length	distance be	tween yo	u and the o	ar ahead o	of you.		
	Do not talk	or text on a cell pho	one or other	device.					
	Do not use	ear buds or headpl	nones.						
	o Kno and o Tak o Tak	ghts on when your ow what to do in care a good spare tire. e time to familiarize a break when youll over to a safe pes.	se of breakd e yourself w u need it. Tl	down or a rith any ne ne volunte	ccident. It i ew or rente eer in char	d vehicle. ge of your t	trip will plar	n occasional	stops, but it is ok
		ve when you are tir ic guidelines or req				kes you dr	owsy. Che	ck with your	council for any
	Designate	d Leader/Respo	nsible Ad	ult					
	Print Name	e:							
	Signature:				Date	۵٠			



Daily Vehicle Checklist

pe of Car: Plate #:	Date [.]	
Personal Vehicle: Rental Vehicle: Council		=
Check the following items:	Pass/Fail – Action Taken	Initial
Look at tires and check pressure in all tires		
➢ Brake Check		
Check all lights on dashboard		
Windshield Wipers		
Signal Lights		
➤ Lights		
Brake		
High Beams		
• Interior		
Night Lights		
> Horn		
Walk around vehicle for any damage		
➤ Fluids (only need to check before leaving		
each way)		
• Oil		
Radiator Fluid		
Brake Fluid		
Wiper Fluid		



Medication and Treatment Log

Event Name:	Event Location:
Today's Date:	Designated Medical Person:

	Name	Adult or Minor	Type of Health Issue or Injury	Treatment or Medication and Dosage	Additional Comments, Were Parents Contacted	Medical Person Initials	Time of Treatment or Medication
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

General Information for Troop Travel

Each troop/family should weigh their participation based on their own health concerns. As with any social activity, participation in Girl Scouts could present the risk of contracting COVID-19. While Girl Scouts of Citrus takes every safety and preventative precaution, Girl Scouts of Citrus can in no way warrant that COVID-19 infection will not occur through participation in Girl Scout activities.

Please be sure to follow the guidelines listed below when submitting paperwork, ensuring that all information is complete and provided at the time of submission will allow for a timely turnaround.

Girl Scouts of Citrus Council wants to ensure the safety of our girls, volunteers, and staff always. By following Safety Activity Checkpoints, Volunteers Essentials, and Risk Management guidelines for all events, activities, travel, and high adventure opportunities this will ensure the safety of everyone involved.

Please submit this paperwork to Customer Care attention Michelle Rouleau - Sr. Manager - Outdoor Adventure and Travel at customercare@citrus-gs.org

General Troop Travel

When girls are looking to plan a trip for any length of time, there are always multiple factors to look at during the planning stage, such as:

- ✓ Location
- ✓ Length of trip
- ✓ Grade level of girls to ensure travel progression is being incorporated
- ✓ All health and safety guidelines
- ✓ Any excursions that the girls would like to participate in
 - o This would include any high adventure activities they may need to be reviewed and approved

Extended Troop Travel for more than 3 days/2 nights

- Current trips are being approved for all location that are at a travel advisory of a Level 3 or lower.
- All current Safety Activity Checkpoint, Volunteer Essential and COVID –
 19 guidelines are followed
- Updated Activity Packet is completed and submitted 2 months before trip to Customer Care.
- High Adventure activities need to be reviewed and vetted.
- Troops must have a current Troop First Aider and Troop Camper (if applicable) for the type of overnight activity
- All girls attending the trip must have a current membership
- All adults attending and/or driving must have a current membership and an approved CBC. All drivers must have a current driver's license and insurance.

Which activities require approval?

All high risk/adventure activities need prior approval from council. High risk is defined as: any activity that requires specialized skills, training, equipment and/or supervision on the part of the participant, instructor and/or the vendor. Examples of these include but are not limited to: Horseback riding, rock climbing, low & high ropes, climbing walls, canoe/kayak, paddleboard, surfing, indoor trampoline, indoor skydiving or shooting sports or locations and/or sites that provide these types of activities

Which activities do not require approval?

In general, the following activities do not require approval: family fun centers, ice/roller skating, bounce houses and age-appropriate arts and crafts. Remember to refer to Safety Activity Checkpoints for all activities to review complete guidelines for the activity such as safety and grade/age requirements. Contact the facility prior to the activity for any site-specific guidelines and requirements such as: waivers, weight & height restrictions, etc.

*Please note:

If a venue has multiple activities, some of them may require approval and some may not, be sure to verify prior to participation.

For all questions regarding High Adventure Activities, Safety Guidelines or Vendor Approval please email Michelle Rouleau, Sr Manager of Outdoor Adventure and Travel at mrouleau@citrus-qs.org

Insurance Information and Forms

- ✓ General Insurance Information
- ✓ How to purchase additional insurance
- ✓ How to submit an insurance claim in case of accident/injury
- ✓ Insurance Comparison Chart
- √ Forms
- Plan 2
- Plan 3E
- Plan 3P
- Plan 3PI

For questions regarding Insurance and Purchasing Guidelines please contact Customer Care at customercare@citrus-gs.org or 407-896-4475

General Insurance Information

When ordering insurance be sure to review the types of plans and when they are required. Refer to the Insurance Comparison Chart and the Activity/Travel Checklist for clarification

- ✓ Keep in mind that all currently registered members have Plan 1 Basic Accident Insurance and are covered for all events, activities and trips that are 3 days/2 nights or less.
- ✓ Additional Insurance plans must be purchased when the event, activity or trip is more than 3 days/2 nights and if there are any non- members present.
- ✓ Additional insurance plans MUST be purchased 4 weeks in advance of the activity and 8 weeks for out-of-state or out-of-countrytravel.
- ✓ Only the Troop Leader or other registered adult in charge may order insurance.
- ✓ Requests for insurance must come directly to the Council Service Center with the completed High Adventure/Trip Travel packet. Requests are not allowed to be submitted directly to Mutual of Omaha. The appropriate form must be completed and submitted(with payment by check, money order or credit card) to the Council Service Center for approval (see Steps for Purchasing Insurance).
- ✓ There is a \$5 minimum charge for all insurance requests.

Always keep in mind that Additional Insurance is secondary insurance. The insured party's family insurance plan is primary. Mutual of Omaha pays the first \$140 of an approved claim and will continue (after the family insurance plan has reached its coverage limit) up to a total of \$20,000 for each claim.

How to Purchase Additional Insurance:

- ✓ Review the Girl Scout Insurance Comparison Chart and Activity/Travel Checklist to determine which plan(s) you will need to purchase.
- ✓ Choose the plan you need (Plan 2, Plan 3E, Plan 3P, and Plan 3PI).
- ✓ Complete the most current Enrollment Forms (type or print legibly) which can be found on the website under forms at www.citrus-gs.org.
- ✓ Be sure that the top of the form is completed with all the leader/responsible adult's information
- ✓ Include the name of the event and the city in the "Name/Location of Event" column.
- ✓ Total ALL columns (use dollar signs on all money amounts).
- ✓ Do NOT date enrollment forms (council will sign and date after verification).
- ✓ Include your payment with all of your paperwork If you are submitting a check or Money Order make them payable to Girl Scouts of Citrus Council. DO NOT SEND CASH.
- ✓ Please Note: The minimum purchase for insurance is \$5.00. Therefore, if the total cost of your insurance is under \$5.00, you will still need to pay a minimum of \$5.00.

Submit your completed Packet to Customer Care attention: Michelle Rouleau, Sr. Manager of Outdoor Adventure and Travel at customercare@citrus-gs.org

Once the activity/travel is approved the paperwork will be forwarded to Business Services to purchase the requested insurance.

All forms and payment must be in the council office at least 4 to 8 weeks in advance of the event or trip. Please Note: If a form is incomplete or inaccurate, or if the payment is in the wrong amount or under \$5.00, they will not be processed.

For more information or questions regarding insurance please contact: Customer Care at customercare@citrus-gs.org or 407-896-4475

<u>Instructions for Submitting an Insurance Claims (All Plans)</u>

As with ordering insurance, all claims need to be submitted to the Council first and then the Council will submit the completed paperwork to Mutual of Omaha. Only authorized staff is allowed to submit paperwork to them.

Steps for Filing a Claim:

- 1. Print out the claim form. Go to the Mutual of Omaha website: www.mutualofomaha.com/gsusa
- 2. Click on "How to file a Claim and Claim Forms"
- 3. Scroll down the page and click on "Claim Forms" (Print out all 3 pages and staple together)
- 4. Complete the form in full and sign wherever appropriate. Do not complete the very bottom section (for council use only)
- 5. Send the claim form to the Council Service Center, attention: Marie Snead, for validation, along with any bills received at the time.

Girl Scouts of Citrus Council 341 N Mills Ave Orlando, FL 32803 Attention: Marie Snead

Council will complete the council section, sign and mail to the insurance company.

Please remember to send the accident report and any subsequent bills related to this claim to customercare@citrusgs.org attention Business Services at the council office. If you prefer to receive hard copies of claim forms, please contact Marie Snead (407) 228-1616 or msnead@citrusgs.org.

Girl Scout Insurance Plan - Comparison Chart

	Plan 1 Accident Insurance is included in all currently registered GSUSA
	members. This is for all Girl Scout events inside/outside Council
PLAN 1 Accident Insurance	Jurisdiction within the United States that are 2 nights or less.
(Included in current GSUSA memberships)	This insurance does not cover trips longer than 2 nights, trips outside of
	U.S. territory; or for non-members and tag-a-longs.
	This plan covers accident-related injury only, not sickness or infirmary.
	Plan 2 Accident Insurance should be purchased for participants who are
	NOT currently registered GSUSA members for all events that are inside/outside Council Jurisdiction for any time frame.
	It should also be purchased for all registered members that are participating in an event that is 3 nights or more.
PLAN 2 Accident Insurance (\$.11 per person, per calendar day)	Example: If your troop is planning a trip for 5 days and 4 nights, you will
(3.11 per person, per calendar day)	need to purchase insurance for all of the registered members for the full 5
	days because the trip is longer than 3 days, 2 nights.
	This plan covers accident-related injury only, not sickness or infirmary.
	Plan 2 does not cover any trips/activities outside of the United States.
	Plan 3E Accident & Sickness is recommended to be purchased for trips
	out of state or for any other trip that is 3 nights or more, where sickness could occur, or when council wishes to provide this extra sickness
PLAN 3E Accident and Sickness	coverage which is not covered under Plan 2, such as extended trips out of
Insurance	town.
(\$.29 per person, per calendar day)	This plan covers accident-related injuries and sickness.
	Plan 3P Accident & Sickness For groups with one or more participants
DI ANI 2D	who do not have personal family insurance (or where personal insurance
PLAN 3P Accident and Sickness	may not be honored). For events and trips that are 3 nights or more. Plan 3P acts as primary insurance for participants covered by the plan.
(\$.70 per person, per calendar day)	or acts as primary insurance for participants covered by the plan.
, , , , , , , , , , , , , , , , , , , ,	Plan 3P1 Accident & Sickness For any Girl Scout group planning a trip out
PLAN 3PI Accident and Sickness	of the country for 3 nights or more. Due to certain pre-trip benefits, this
Insurance for International Trips (\$1.17	insurance should be purchased in the planning stages of the trip, but after
per person, per calendar day)	the trip has been approved by the council, Call the council office to obtain detailed information on how to purchase this plan.
	detailed information on now to purchase this plan.
INTERNATIONAL INBOUND	Can be purchased by groups who are hosting Girl Guides/Girl Scouts visiting the USA. This insurance covers the visiting Girl Guides/Girl Scouts.
Accident and Sickness Insurance for	visiting the OSA. This insurance covers the visiting diff dulies/diff scouts.
Girl Guides/Girl Scouts Visiting the	
USA (\$2.30 per person, per calendar day)	
(\$3.30 per person, per calendar day)	





Plan 2

Enrollment Form

- **1.** Always review the insurance Comparison Chart to be sure you are purchasing the correctinsurance.
- 2. Submit the completed form with payment to Girl Scouts of Citrus Council for processing and approval.
- **3.** Be sure to include approved TAR, Travel or Event paperwork together.
- 4. Your insurance information will be sent to the email listed below.
- **5.** Council approval is required to process insurance, without the appropriate Council authorization requests cannot be processed; volunteers cannot submit enrollments or payments directly to Mutual of Omaha Companies

Name (Leader or person	submitting th	is form)	Troop#		Commu	inity	
Street				City	State	Zip	
Phone #			E-mail				
Please provide the selected following approved activities	es (except sta	atutory emp		l under work			
Name and Address of Event	Beginning Date	Ending Date	(1) Number of Participants	(2) Number of Days	(3) Participant x Days	(4) Premium per day	Total Due (3 x 4)
Example: Medieval Times, 4510 W Vine St, Kissimmee, FL 34746	10/31/19	10/31/19	55	1	55	.11	\$6.05
MINIMUM PREMIUM is \$5.00 Method of payment: Che If paying by credit card, info	ck Mone	y Order 🛚	VISA MAST			et the minimur	m.
CARD# (Fill in all dig	its shown on y		EXP. D	ATE/_	Sec. Cod	de	
Name as it appears on Credi	•		,				
Signature (required on credi	t card orders)					

COUNCIL USE ONLY: Budget Code:





Plan 3 E

Enrollment Form

- 1. Always review the insurance Comparison Chart to be sure you are purchasing the correctinsurance.
- 2. Submit the completed form with payment to Girl Scouts of Citrus Council for processing and approval.
- **3.** Be sure to include approved TAR, Travel or Event paperwork together.
- **4.** Your insurance information will be sent to the email listed below.
- **5.** Council approval is required to process insurance, without the appropriate Council authorization requests cannot be processed; volunteers cannot submit enrollments or payments directly to Mutual of Omaha Companies

Name (Leader or person	submitting th	nis form)	Troop#		Commu	inity	
Street		_		City	State	Zip	
Phone #				E-mail			
Please provide the selected approved activities (except	statutory er	nployees co		orkers' com		nts in the fol	lowing
Name and Address of Event	Beginning Date	Ending Date	(1) Number of Participants	(2) Number of Days	(3) Participant x Days	(4) Premium per day	Total Due (3 x 4)
Ex: Savannah Trip - Holiday Inn,520 W Bryan St, Savannah, GA 31401	10/1/19	10/5/19	12	5	60	.29	\$7.20
MINIMUM PREMIUM is \$5.00	– several eve	nts can be in	cluded in one sub	mission to be	combined to me	et the minimur	m.
Method of payment: ☐ Che If paying by credit card, info	ck	y Order 🗀	VISA MAST	ERCARD [DISCOVER		
CARD# (Fill in all dig	its shown on	your credit ca	EXP. D ard)		Sec. Cod	de	
Name as it appears on Credi							

COUNCIL USE ONLY: Budget Code:





Plan 3 P

Enrollment Form

- 1. Always review the insurance Comparison Chart to be sure you are purchasing the correctinsurance.
- 2. Submit the completed form with payment to Girl Scouts of Citrus Council for processing and approval.
- **3.** Be sure to include approved TAR, Travel or Event paperwork together.

Council Use Only -Budget Code: _____

- 4. Your insurance information will be sent to the email listed below.
- **5.** Council approval is required to process insurance, without the appropriate Council authorization requests cannot be processed; volunteers cannot submit enrollments or payments directly to Mutual of Omaha Companies

Name (Leader or person submitting this form) Street Phone #			Troop#		Community		
			City		State	Zip	
			E-mail				
Please provide the selecter approved activities (except	t statutory em	ployees co		orkers' com		nts in the fol	lowing
Name and Address of Event	Beginning Date	Ending Date	(1) Number of Participants	(2) Number of Days	(3) Participant x Days	(4) Premium per day	Total Due (3 x 4)
Ex: Savannah Trip - Holiday Inn,520 W Bryan St, Savannah, GA 31401	10/1/19	10/5/19	12	5	60	.70	\$42.00
MINIMUM PREMIUM is \$5.00) – several even	ts can be in	cluded in one sub	mission to be	combined to me	et the minimu	n.
Method of payment: ☐ Che If paying by credit card, info				ERCARD .	DISCOVER		
CARD# (Fill in all dig	jits shown on yo	our credit ca		ATE/_ M M Y	Sec. Cod	de	



Plan 3 Pl



Enrollment Form

- 1. Always review the insurance Comparison Chart to be sure you are purchasing the correctinsurance.
- 2. Submit the completed form with payment to Girl Scouts of Citrus Council for processing and approval.
- **3.** Be sure to include approved TAR, Travel or Event paperwork together.
- 4. Your insurance information will be sent to the email listed below.
- **5.** Council approval is required to process insurance, without the appropriate Council authorization requests cannot be processed; volunteers cannot submit enrollments or payments directly to Mutual of Omaha Companies

Name (Leader or person submitting this form)			Troop#		Commu	inity		
Street		_		City	State	Zip		
Phone #			E-mail					
Please provide the selecte approved activities (excep	t statutory er	nployees co		orkers' com		nts in the fol	lowing	
Name and Address of Event	Beginning Date	Ending Date	(1) Number of Participants	(2) Number of Days	(3) Participant x Days	(4) Premium per day	Total Due (3 x 4)	
Ex: Our Chalet - Hohliebeweg 1, 3715 Adelboden, Switzerland	10/1/19	10/10/19	12	10	120	\$1.17	\$140.40	
MINIMUM PREMIUM is \$5.00 Method of payment: Che If paying by credit card, info CARD# (Fill in all dig Name as it appears on Cred	eck Mone ormation belo	y Order Dww MUST BE	VISA □ MAST INCLUDED: ——— EXP. D	ERCARD [DISCOVERSec. Cod		n.	
Signature (required on cred	•			_		_		

Council Use Only – Budget Code: _____