

Signature (required on credit card orders)\_

COUNCIL USE ONLY: Budget Code: \_\_





## **Enrollment Form**

- 1. Always review the insurance Comparison Chart to be sure you are purchasing the correct insurance.
- 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

ame (Leader or person submitting this form)			Troop # Commi		unity		
Street			City		State Zip		
Phone #			E-mail				
Please provide the selecte 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: Medievil 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			eet the minimu	ım.
CARD# (fill in all digi	ts shown on y	our credit ca			Sec. Co	de	
Name as it appears on Cred	it Card: (Prin	t)					