

# Insurance Confirmation Form

Please submit to Nicole Kelly at GSRI at least one (1) month before the trip.

TROOP NUMBER \_\_\_\_\_ LEADER NAME \_\_\_\_\_

LEADER EMAIL ADDRESS \_\_\_\_\_

TRIP DATES: \_\_\_\_\_

TRIP DESTINATION: \_\_\_\_\_

Please arrange insurance for \_\_\_\_\_ days, for \_\_\_\_\_ girls and \_\_\_\_\_ adults at  
\$\_\_\_\_\_/ day. A check is enclosed (minimum of \$5.00) made out to GSRI.

LIST OF ADULTS AND GIRLS GOING ON THE TRIP:

GIRL    ADULT

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

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9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

If more space is needed, continue list on back of sheet. ⇌⇌⇌⇌⇌⇌⇌⇌⇌⇌⇌⇌⇌

LIST OF ADULTS AND GIRLS GOING ON THE TRIP:

GIRL ADULT

13. \_\_\_\_\_

14. \_\_\_\_\_

15. \_\_\_\_\_

16. \_\_\_\_\_

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