



Insurance Confirmation Form

Please submit to GSSNE at least one (1) month before the trip.

Troop Number _____ Leader Name _____

Leader Email Address _____

Trip Dates: _____

Trip Destination: _____

Please arrange for accident insurance for _____ *days, for _____ girls and _____ adults at \$ _____ per day per person. (*Please note, this number should be the total number of days of the trip)

Total \$ _____

A check is enclosed (minimum of \$5.00) made out to GSSNE. Please confirm the price with GSSNE's Finance Department at (401) 331-4500 x1306.

LIST OF ADULTS AND GIRLS GOING ON THE TRIP:

GIRL ADULT

- | | | |
|-----------------------|-----------------------|-----------|
| <input type="radio"/> | <input type="radio"/> | 1. _____ |
| <input type="radio"/> | <input type="radio"/> | 2. _____ |
| <input type="radio"/> | <input type="radio"/> | 3. _____ |
| <input type="radio"/> | <input type="radio"/> | 4. _____ |
| <input type="radio"/> | <input type="radio"/> | 5. _____ |
| <input type="radio"/> | <input type="radio"/> | 6. _____ |
| <input type="radio"/> | <input type="radio"/> | 7. _____ |
| <input type="radio"/> | <input type="radio"/> | 8. _____ |
| <input type="radio"/> | <input type="radio"/> | 9. _____ |
| <input type="radio"/> | <input type="radio"/> | 10. _____ |
| <input type="radio"/> | <input type="radio"/> | 11. _____ |

If more space is needed, continue list on second page

LIST OF ADULTS AND GIRLS GOING ON THE

TRIP: GIRL ADULT

- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____
- 19. _____
- 20. _____
- 21. _____
- 22. _____
- 23. _____
- 24. _____
- 25. _____
- 26. _____
- 27. _____
- 28. _____
- 29. _____
- 30. _____
- 31. _____
- 32. _____
- 33. _____