

Service Unit # and Troop #/ Group Name: ___

Plan 3E Enrollment Form for Girl Scout Councils Council #688



Visit our website for safety and

insurance-related resources.

- 1. Complete all sections of this form. **Please submit this form 6 weeks prior to the planned event(s).** There is a minimum premium of \$5.00. Several events may be submitted in one request to satisfy the minimum.
- 2. Submit this form electronically to <u>Travel@girlscoutsww.org</u> or by mail to Girl Scouts Western Washington, Attn: Travel Program Manager, 5601 Sixth Ave S, Suite 150, Seattle, WA 98108.
- 3. **Do not submit payment with the application.** After the application has been approved, it will be submitted to the finance department for processing; you will receive an electronic invoice from Wufoo Paypal to submit payment.

Name of Person Submitting Form: Email Address: Phone Number: Signature of Person Submitting Form:					By submitting this form, I/ we request that Mutual of Omaha provide Accident Insurance to cover all enrolled participants in the following approved, supervised Girl Scout activities (except							
									statutory employees covered under workers' compensation).			
											Schedul	e of Each Ev
								(1)	(2)	(3)	(4)	(5)
Name and Location of Event	Beginning Date	Ending Date	Number Participants	Number of Days	Number Participant Days (1 x 2)	Premium Each Day	Total (3 x 4)					
SAMPLE: Troop # # # # # Bridging Ceremony in San Francisco, CA	02/05/XX	02/09/XX	25	5	125	\$0.29	\$36.25					
						\$0.29						
						\$0.29						
						\$0.29						
						\$0.29						
						\$0.29						
						\$0.29						
						\$0.29						
						\$0.29						
						\$0.29						
Total	N/A	N/A				\$0.29						
			cil Use Only		ayment Metho							
Signature of Approval	Staff Title		Date									