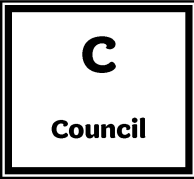




# REQUEST FOR EXTENDED TRIP INSURANCE



**(FOR TRIPS LONGER THAN 2 NIGHTS OR OVER 150 MILES FROM MEETING LOCATION)**

Mentor/Coordinator Name: \_\_\_\_\_ Troop #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Location: \_\_\_\_\_

Date(s) of Trip: \_\_\_\_\_

Mentor/Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Schedule of Each Event							
Name and Location of Event	Beginning Date	Ending Date	Number of Participants	Number of Days	Number of Participant Days (1x2)	Premium Each Day @ \$0.70	Total (3x4)
Example:							
Juliette Low Birthplace, Savannah, GA	2-5-18	2-9-18	25	5	125	\$0.70	\$83.75
<b>Total:</b>	N/A	N/A					

1. List the name and location of your trip.
2. Beginning date is the day you leave and the ending date is when you return home.
3. Total participants (girls and adults).
4. **Total number of days.**
5. Multiply participants times day and then multiply by \$0.70
6. Total payment for insurance must be received at least **3 weeks before your trip.**
7. Please send this form and payment (payment can be taken over the phone) to the GSWRC Office Manager.