



Girl Scouts.

Girl Scouts of Western Ohio
www.girlscoutsofwesternohio.org



REQUEST FOR PURCHASE OF ADDITIONAL INSURANCE

(Request must be received at the Girl Scouts Center at least four weeks before the event.)

Troop Number: _____ Service Unit Number: _____

Type of Activity: _____

Location: _____

Dates: From _____ Through _____

Total Number of Participants: _____ (Attach list, if possible.)

Level of Coverage Desired: (Check (✓) one)

- Plan 2** 11¢ per day per participant
- Plan 3E** 29¢ per day per participant
- Plan 3P** 70¢ per day per participant

**Please make check payable to:
United of Omaha (Minimum of \$5 required.)**

Check Enclosed: # of Participants _____ X # of Days _____ X Plan Rate _____ = \$ _____

Contact Person: _____ Phone Number: _____

Please Mail To: Girl Scouts of Western Ohio
Attn: Finance Department
4930 Cornell Road
Cincinnati, Ohio 45242-1804

BF:ck/22810-001



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