



**Plan 2  
Enrollment Form  
Girl Scouts of Central & Southern NJ**

Name of person submitting this form \_\_\_\_\_

Contact phone number (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Service Unit Name \_\_\_\_\_ Troop number \_\_\_\_\_

**Schedule of Each Event**

Please provide Accident Insurance to cover all enrolled participants in the following approved, supervised Girl Scout activities.

Name and Location of Event	Beginning Date MM/DD/YYYY	Ending Date MM/DD/YYYY	Number of Participants	Number of Days	Number Participant days (participants X days)	Premium Each Day @ .11 cents	Total amount due

(Check made payable to **GSCSNJ** for the TOTAL PREMIUM shown above enclosed.  
MINIUM PREMIUM is \$5.00)

Total Premium Amount Due \$ \_\_\_\_\_

*Please mail Check and form **4 weeks prior** to event to:*

Girl Scouts of Central & Southern NJ  
Attn: Donna Hoffman  
40 Brace Road  
Cherry Hill, NJ 08034