



GIRL SCOUTS OF MIDDLE TENNESSEE

2018 SUMMER CAMP HEALTH INSURANCE FORM

Girl Scouts of Middle Tennessee requires all girls participating in summer camp to show proof of valid health insurance.

If you do not have proof of valid health insurance, please complete the next portion of this form and return it to Girl Scouts of Middle Tennessee **at least two weeks** prior to the start of your Girl Scout campers' camp session.

If you have any questions or concerns, please contact:

Sue Tims
Girl Scouts of Middle Tennessee
(615) 460-0226
stims@gsmidtn.org

Please complete the following enrollment form for Summer Camp Health Insurance and include a check for \$5.00 per girl, per week of camp. Make checks payable to United of Omaha Life Insurance Company. The check for the proper amount and the form may be mailed to:

Girl Scouts of Middle Tennessee
Attn: Sue Tims
4522 Granny White Pike
Nashville, TN 37204

Note: The following form and payment must be sent to Girl Scouts of Middle Tennessee at least two weeks prior to your camper's session.

**Girl Scouts of Middle Tennessee
Summer Camp Health Insurance Form - 3P**

Name of person submitting this form: _____

Daytime phone number: _____

Evening/cell phone number: _____

Address: _____

Please provide Accident and Sickness Insurance to cover all enrolled participants in the following approved and supervised Girl Scout activities: Summer Camp.

| Name of Girl and Camp Attending | Beginning Date (Sunday) | Ending Date (Friday) | Number of Days | Total Amount Due |
|--|--------------------------------|-----------------------------|-----------------------|-------------------------|
| <i>Ex: Juliette Low, Camp Sycamore Hills</i> | 06/12/2011 | 06/17/2011 | 6 | \$5.00 |
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| | | | | |
| | | | | |
| | | | | |
| Total Amount Due: | | | | |

Guardian Signature: _____

OFFICE USE ONLY

Date received: _____ Date insurance was purchased: _____

Receipt Number: _____ Signature: _____