

**Girl Scouts of Middle Tennessee** requires all girls participating in summer camp to have 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.

**INSTRUCTIONS:** Please complete the following enrollment form for Summer Camp Health Insurance and submit payment for \$5.00 per girl, per week of camp. **For questions, contact Sue Tims at [STims@gsmidtn.org](mailto:STims@gsmidtn.org).**

- **Send check\* via mail: Girl Scouts of Middle Tennessee**  
attn: Sue Tims - Camp Insurance  
4522 Granny White Pike, Nashville TN 37204

\*Make checks payable to Mutual of Omaha.

OR

- **Process payment online at [gsmidtn.org/summer-camp-insurance](http://gsmidtn.org/summer-camp-insurance)\*\***

\*\*Credit cards incur an additional processing fee.

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

### Camper Information

Name of Person Completing this Form: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_  
 Address (Street, Apt. #): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Evening/Cell Phone: \_\_\_\_\_

### Camp Program Information

| Name of Camper Attending | Name of Camp Attending     | Beginning Date (Sunday) | Ending Date (Friday) | Number of Days | Total Amount Due |
|--------------------------|----------------------------|-------------------------|----------------------|----------------|------------------|
| <i>Ex. Juliette Low</i>  | <i>Camp Sycamore Hills</i> | <i>XX/XX/XXXX</i>       | <i>XX/XX/XXXX</i>    | <i>6</i>       | <i>\$5.00</i>    |
|                          |                            |                         |                      |                |                  |
|                          |                            |                         |                      |                |                  |
| <b>Total Amount Due</b>  |                            |                         |                      |                |                  |

### Camp Program Information

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GSMIDTN OFFICE USE ONLY:**

- Date received: \_\_\_\_\_ Date insurance was purchased: \_\_\_\_\_
- Receipt Number: \_\_\_\_\_ Signature: \_\_\_\_\_