

**GSSWT
Supplemental Insurance Enrollment
Payment Form**

Name:	
Troop #:	
Community Name:	
Event/travel date(s):	
Event/travel location:	

Payment type:

Cash \$_____ (please do not send cash in the mail)

Check: \$_____ Check # _____

Credit Card: \$_____

American Express
 Discover
 MasterCard
 Visa

Card #:	
Exp. Date:	
CVV Code:	
Billing Zip Code:	
Exact Name on Card:	
Signature:	

Send or deliver to:

Girl Scouts of Southwest Texas
 ATTN: Finance Dept.
 811 N Coker Loop, San Antonio TX 78216
 Fax: 210-349-2666
 email: financials@girlscouts-swtx.org

Enrollment and payment must be received by GSSWT at least one week before the event.