



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: customercare@girlscouts-swtx.org

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