

GSSWT Supplemental Insurance Enrollment Payment Form

Name:	
Troop #:	
Community Name:	
Event/Travel Dates:	
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
 email: customercare@girlscouts-swtx.org

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