

Conclave Insurance Payment Transmittal

Region: _____ Section: _____ Date: _____

Service Council Name: _____

Dates of Conclave or event: _____ to _____

Conclave National Liability Insurance Surcharge is \$2 per participant per day of conclave.Number of Weekend Participants _____ x **\$6.00** (3 days) = \$ _____Number of Saturday Only Participants _____ x **\$2.00** (1 day) = \$ _____**Total Transmitted for Conclave National Liability Surcharge: \$ _____**

Conclave Accident and Sickness Insurance is \$0.21 Per Participant Per Day of Conclave.***You must only pay for those not covered by the Council Accident & Sickness Plan.**Number of Weekend Participants* _____ x **\$0.63** (3 days) = \$ _____Number of Saturday Only Participants* _____ x **\$0.21** (1 day) = \$ _____**Total Transmitted for Conclave Accident and Sickness Insurance: \$ _____**

Region Chief's Fund Surcharge (Western Region)

Total Number of Participants _____ x \$2.00 = \$ _____

Total Fees: \$ _____

Transmitted By _____

Work Phone _____

Cell _____

E-Mail: _____

Title _____

Home Phone _____

Fax _____

Make checks payable to: Boy Scouts of America
Send to this form, all attachments and check to:

(Check your Region)

Boy Scouts of America
ATTN: Ollie Burks
Outdoor Adventures S-250
P. O. Box 152079
Irving, TX 75015-2079

- ☐
- CR – Account # 78000-9185
-
- ☐
- NR - Account # 78000-9385
-
- ☐
- SR - Account # 78000-9585
-
- ☐
- WR - Account # 78000-9785

Questions? Call Ollie Burks 972-580-2292