

Girl Scouts of Central & Southern NJ, Inc.

RENTED AND LEASED VEHICLES

Please complete all the information that applies:

Troop Number(s): _____

Service Unit: _____

Name(s): _____ Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #(s): _____ - _____ - _____ Email _____
(Area Code) (Area Code)

Destination: _____ Date(s): ____/____/____ to ____/____/____

Girl Scouts: _____ # Non-Scouts: _____ # Adults: _____

Vehicle Type: (Bus ____) (Auto ____) (Pick Up ____) (Truck ____) (Other ____) (Number of Vehicles: ____)

Vehicle Make: _____

Vehicle Make: _____

Vehicle Make: _____

REMINDER CHECKLIST

_____ Certificate of Liability Insurance (Acord 25) from Rental Agency Submitted to GSCSNJ (\$1,000,000.00) when leasing a vehicle

**Certificate holder must read: Girl Scouts of Central & Southern NJ, 40 Brace Rd, Cherry Hill, NJ 08034

_____ Rental/Lease Agreement Submitted to GSCSNJ

_____ Application for Troop Travel Submitted to GSCSNJ (Completed)

_____ Application for Troop Travel Approved

If you have any questions, please contact a GSCSNJ council office