

**UNIT ACCIDENT AND SICKNESS
INSURANCE PLAN****CUB SCOUT PACKS**

_____		_____
Unit #		District
_____	@	\$1.00 PER PERSON = \$ _____
# Cub Scouts		
_____	@	\$1.00 PER PERSON = \$ _____
# Leaders		
_____		TOTAL AMOUNT \$ _____
Total #		

**PLEASE INCLUDE A SEPARATE CHECK WITH YOUR RE-CHARTERING PAPERS.
THE CHECK SHOULD BE MADE PAYABLE TO
“LAUREL HIGHLANDS COUNCIL, B.S.A.”**