

**UNIT ACCIDENT AND SICKNESS
INSURANCE PLAN****VENTURERS**

_____			_____
Unit #			District
_____	@	\$1.50 PER PERSON = \$	_____
# Venturers			
_____	@	\$1.50 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.”**