

**UNIT ACCIDENT AND SICKNESS
INSURANCE PLAN****EXPLORER POSTS**

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