



2025-26 CAMP INSURANCE REPORT

Camp Name _____ Today's Date _____

Sport _____

Coach's Name _____

Dates of Camp: _____ to _____
Start Date End Date

	X		X	=	
Day Camps/Clinics:		\$1.07			
	# of Campers	Rate	# of Days		Premium Due

	X		X	=	
Overnight Campers:		\$1.58			
	# of Campers	Rate	# of Days		Premium Due

	X		X	=	
Camp Staff:		\$1.58			
	# of Camp Staff	Rate	# of Days		Premium Due

Total Premium: _____

- Please submit completed form to: Roberta Balliet
- If you have any questions please call (800) 243-6298 Ext. 3726 David Turley
- Note: Premiums should be calculated in full for every day in which any camp activity occurs.