

Accounting Department
Evangeline Area Council, BSA
Direct: (337) 235-8551
Fax (337) 235-8556
8:30a.m. to 5:00p.m.
Jane.Parra@Scouting.org

Certificate of Insurance Request Form

Please allow 2 weeks for processing. Thank you

Date of Request: _____

Event: _____

Date of the Event: _____

Location: _____

Address: _____

City, State Zip: _____

(PHYSICAL ADDRESS for the event - required)

Unit type and number(s) participating in this event

Please circle one (Pack/Troop/Ship/Post): _____

District name or number _____

Contact Name: _____

Contact Phone: _____

Email Address: _____

Additional: _____

You are welcome to supply additional points of contact. COI will be emailed to the contact address unless otherwise specified.