

HOME SCHOOL GROUP EVENT ROSTER FORM

Please type or print:

Name of Group (as stated on application): _____
 Address, City, State & Zip: _____
 Insurance Contact Name: _____
 Phone Number: _____ Policy Number: _____

Mail completed forms to:
Home School Insurance Solutions
C/o NCG Insurance
25 Greenway Drive SW
Leesburg, VA 20175

OR FAX to (703) 777-8262

The rate is computed for each calendar day.
 Example shown below in last row. (1) x (2) x (3) = Total.

Event	Start Date	End Date	Number of Days (1)	Number of Persons (2)	Rate (3)	Total
1					\$0.50	
2					\$0.50	
3					\$0.50	
4					\$0.50	
5					\$0.50	
6					\$0.50	
7					\$0.50	
8					\$0.50	
9					\$0.50	
10					\$0.50	
Convention – New York, NY (Example)	11/05/05	11/06/05	2	35	\$0.50	\$35.00
Print out additional Roster Forms for additional Events.				Roster Form ____ of ____		TOTAL DUE:

FOR INTERNAL USE ONLY				
Trips	Total	Amount Paid	Amount Due	Invoice Date
Grand Totals				