

PENSACOLA CHRISTIAN COLLEGE
Medical Insurance Verification Form

Student Name _____

Your signature verifies that the above-named student will be covered by this insurance carrier throughout the duration of the 2010 ensemble travel season. (January; May - August)

This form must be on file with Pensacola Christian College before the student may travel in the ensemble program.

Carrier Information:

Company Name _____

Company Address _____

Company Telephone Number (____) _____

Group # _____ Effective Date _____

Parent/Guardian Signature _____

Date _____