



CHRISTIAN BROTHERS SERVICES

1205 Windham Parkway
Romeoville, IL 60446-1679

Student Accident Plan
630.378.2900 • 800.807.0300 • 630.378.2508 fax
info@cbservices.org • cbservices.org

REGISTRATION FOR THE 2014 SUMMER PROGRAM

Type of Activity: _____

Program Dates: From: _____ To: _____

Schools and organizations not enrolled in the Student Accident Plan for the regular school year may enroll in our Summer Program. A **separate invoice is required for each activity**. Completed activity forms are to be returned with the proper contribution **postmarked no later than the date each activity begins**. You may duplicate this form as often as necessary for use throughout the summer.

Select one Plan that best suits your program needs. Contribution Total = Number of students times the rate per student times the number of activity weeks. All Students must be covered. For more information regarding registration or contribution calculation, please contact Joyce Seets at 800.807.0300, ext. 2530.

Grammar School							
Plan	No. of Students	x	Cost per Student	x	No. of Weeks	=	Total
A Classroom Only-No Sports		x	\$2.00	x		=	\$
B Broad Coverage-Limited Sports*		x	\$4.00	x		=	\$
C Full Coverage-All Sports		x	\$5.00	x		=	\$
D 24-hour coverage for camps and over-night activities		x	\$7.00	x		=	\$
*Excludes football, hockey and lacrosse							
Subtotal						=	

High School							
Plan	No. of Students	x	Cost per Student	x	No. of Weeks	=	Total
A Classroom Only-No Sports		x	\$3.00	x		=	\$
B Broad Coverage-Limited Sports*		x	\$6.00	x		=	\$
C Full Coverage-All Sports		x	\$7.00	x		=	\$
D 24-hour coverage for camps and over-night activities		x	\$9.00	x		=	\$
*Excludes football, hockey and lacrosse							
Subtotal						=	
Total Contribution Due						=	

Signature: _____ Title: _____ Date: _____

MAIL REGISTRATION & CONTRIBUTION TO:

Christian Brothers Student Accident Plan
1205 Windham Parkway
Romeoville, IL 60446

Office Use Only
SAP Loc Code:

Type:

Plan:

RPT Loc Code: