



Trip Application

APPLICATIONS MUST BE RECEIVED FOUR (4) WEEKS IN ADVANCE.

Troop Information:

Troop/Group # _____ Community _____
Level _____ Region _____

Leader Name: _____

Address: _____

Phone #: _____ Email _____

Activity/Trip Information:

Destination: _____

Address: _____

Type of Activity: _____

Date(s) of Trip: _____ to _____ Travel time: _____

Number of girls in troop _____ Adults _____

Did the Program Department approve bus rental? _____

*Certified First Aider: _____

Phone #: _____ Exp. Date: _____

*Trained Adult: _____

Phone #: _____ Date Trained: _____

Troop Finance:

Cost per Person: \$ _____ per Girl \$ _____ per Adult

Total Cost for Activity/Trip: \$ _____

Cost Will Be Paid By (circle all that apply): Individual

Troop/Group Treasury Money-earning Project

Troop/Group Leader Signature: _____

Date: _____

Volunteer and Troop Support Director

(or Designee) Signature: _____

Date: _____

Insurance:

If applicable, have you paid for extended troop trip insurance if trip is more than 2 consecutive nights? Yes N/A

Please call service center for more information. 800-785-2090

I will notify council of any changes in preceding plans at least 48 hours before departure.

I will fulfill the guidelines of *Safety Activity Checkpoints and Girl Scouts of the Jersey Shore Trip Guidelines and policies.*

I have checked that all drivers have valid license/insurance/registration for vehicles used.

I have attached a copy of the following items with my application:

- first aid certification _____
- camp cert. (if applicable) _____
- (if applicable)
- travel route _____
- activity itinerary _____
- roster of all individuals (including phone #) attending trip _____
- vehicle, hotel or camp rental information _____

Parental Permission Has Been Granted Yes No

Emergency Contact: _____

Phone: _____

For official use only

Received: _____ **Approved** _____

Not Approved: _____ **Reason:** _____

