

Trip/Overnight Activity Form

Due 2 weeks in advance: For DAY TRIPS

Due 3 weeks in advance: For Overnights & Extended Travel

Instructions: This application is for trips that troops plan to take away from their regular meeting locations. In order for Girl Scout Accident Insurance to be in effect, approval must be granted before the start of the trip. In case of emergency, you may contact the emergency pager: **956-495-6142**.

Note: Additional insurance coverage is required if the trip extends 3 nights or more and international trips. Application for this additional insurance coverage must be made through the council office 4 weeks before the trip. Insurance form should accompany application along with troop check.

Trips will not be approved unless a participant roster is attached. All attendees must be registered Girl Scout members. Adults must also have a current criminal background check on file.

Complete and email this form to info@gsgst.org or turn in to your local service center.

Leader/Coordinator's Name: _____ Troop #: _____ Level(s): _____

Address: _____ City: _____ Zip: _____

Phone (C): _____ Phone (H): _____ Email: _____

Itinerary: (Destination Information) * attach additional sheets if necessary

Name & Address of location: _____

Date (s) of Trip: _____ to _____ # of Days: _____ # of Nights: _____

Reoccurring Dates: Yes No (List Dates on attached itinerary)

Extra Insurance Coverage required: Yes No (**Attach Extra Insurance Request Form**)

Purpose of Trip (i.e. complete badge requirements, community service project, etc.)

Participants attending Trip: # of Girls: _____ # of Adults: _____ *** Must Match Roster**

Transportation Type: _____

If troop will be carpooling, please attach all driver's license and insurance information.

Certified CPR/First Aider: * Attach Copy

Name: _____ Certification: _____

Lifeguard Information (if applicable): * Attach Copy

Name: _____ Certification: _____

Troop Camp Certification (if applicable):

Name: _____ Date of Certification: _____

Emergency Contact: (Person not attending trip that will be contacted in case of an emergency.)

Name: _____ Email: _____
Address: _____ City: _____ Zip: _____
Phone (C): _____ Phone (H): _____

As the Troop Advisor, I agree that:

1. A permission slip and a health history form will be obtained from each girl's parent/guardian before the start of the trip. The troop will be accompanied by a minimum of 2 registered adults, with additional adults needed to meet requirements as stated in the Safety Activity Checkpoints. One of these adults will be CPR/FA Certified, at least 18 years old, with a well-equipped first aid kit.
2. If traveling in private cars, each driver must provide evidence of current Texas Driver's License and Vehicle Insurance, have mature judgement, and clean driving record. All drivers must be age 21+. Copies of the TDL and Insurance must accompany Trip application form. Driver must also be a registered Girl Scout member.
3. If traveling by bus, the driver must be properly licensed, inspected, and insured; the bus driver will be properly licensed.
4. All trip plans must follow the Safety Activity Checkpoints found on our website at www.gsgst.org.
5. A copy of troop's current Financial Report must be on file with the council office.

I also agree that the Coordinator in charge will follow all pertinent safety regulations, according to the Safety Activity Checkpoints.

Leader/Coordinator _____ Date _____

<p>Advisor's Checklist:</p> <ul style="list-style-type: none">___ Texas Driver's License (Copy)___ Current Vehicle Insurance (Copy)___ Complete Itinerary Information___ Certified First Aider Information (Copy)___ Lifeguard Information (Copy)___ Camp Certification___ Emergency Contact___ Current Financial Report___ Participant Roster Attached___ Insurance fee paid & Form Attached___ Reoccurring Dates Form <p>Please make sure all information is correct to avoid delays in approving your application.</p>	<p>OFFICE USE ONLY:</p> <p>Date application received: _____</p> <p>Roster attached: <input type="radio"/> Yes <input type="radio"/> No</p> <p>Extra Insurance needed: Yes _____ No _____</p> <p>Date paid: _____</p> <p>Approved: <input type="radio"/> Yes <input type="radio"/> No</p> <p>Approval Notice: Via Email: _____ Via Phone: _____</p> <p>Approved By: _____</p>
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To protect the integrity of the Girl Scout brand and reinforce our programming as unique, girl-only, and best in class, we must ensure that we take care that the activities in which girls participate are exclusive to the Girl Scout program, are safe and girl led, and are conducted under the appropriate supervision of Girl Scouts. Girl Scout participation in Boy Scout activities will increase that confusion and will contribute to the misperception that Girl Scouts has merged, or is somehow interchangeable, with Boy Scouts. Therefore, any applications that contribute to this marketplace confusion will be denied.