



## TRIP APPROVAL/INFORMATION FORM

**POLICIES AND GUIDELINES TO BE FOLLOWED:** A troop must complete this form and submit it to the Program Manager for the following activities.

A troop planning a trip outside of their troop meeting place/time that is not a council sponsored event, service unit/area event, or collaborative event **that exceeds a 100 mile radius.**

A troop going on an overnight, such as to a camp or a community lock-in. You must also have one adult trained in "Overnight/Troop Readiness."

A troop going on an extended overnight trip. You must also have an adult trained in "Extended Travel."

A troop going camping. You must also be accompanied by an adult trained for camping.

All contracts entered into in the name of Girl Scouts must be signed by a Council Vice President or CEO.

**Trip Leader:** Please refer to *Troop Trip Standards and Procedures* in the *Volunteer Resource Guide* and the GSUSA publication *Safety- Wise* before planning begins. Submit this form to the Council while in the beginning planning stages (with as much information as possible) for approval of trip plans. This form can be updated as your trip planning progresses. Upon receipt of this application, your Program Manager may contact you with any questions or additional information needed.

Registered/Approved Adult trip leader's name: \_\_\_\_\_

Adult Relationship to troop: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Troop # \_\_\_\_\_

Grade/Age Level \_\_\_\_\_ # Girls attending \_\_\_\_\_ # Adults attending \_\_\_\_\_

# of Non Registered Participants: \_\_\_\_\_ (*Contact Finance Assistant to purchase required supplemental insurance.*)

Trip Destination \_\_\_\_\_

Purpose of trip \_\_\_\_\_

Planned activities \_\_\_\_\_

Overnight/Troop Readiness Trained Adult \_\_\_\_\_ Extended Travel Trained Adult \_\_\_\_\_

Troop Camp Trained Adult \_\_\_\_\_ First Aider \_\_\_\_\_

Type of first-aid certification \_\_\_\_\_ Expiration date \_\_\_\_\_

Lifeguard/Watchers if swimming (see *Safety-Wise* for requirements) \_\_\_\_\_  
(Attach copy of Lifeguard Certification)

Time and date of departure \_\_\_\_\_ Time and date of return \_\_\_\_\_

### FORMS OF TRANSPORTATION FOR TRIP:

Private Car \_\_\_\_\_ Rented/leased vehicle \_\_\_\_\_

Chartered bus \_\_\_\_\_ Train \_\_\_\_\_

Plane (include flight #) \_\_\_\_\_ Boat \_\_\_\_\_

Names and driver's license numbers of drivers to be supplied by the group. **Drivers must be at least 21 years of age.**

**Note: proof of car insurance and adequate coverage is needed also:** \_\_\_\_\_

Name, address and telephone number of travel agency (if used): \_\_\_\_\_

Trip cost per person: \$ \_\_\_\_\_

Total trip cost: \$ \_\_\_\_\_

Cost covered by each person: \$ \_\_\_\_\_

Cost covered through fund raising \$ \_\_\_\_\_

Cost covered through other sources: \$ \_\_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**EMERGENCY CONTACT PERSON AT TRIP DESTINATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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**EMERGENCY CONTACT PERSON FOR TROOP AT HOME:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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**TRIP AGREEMENT:**

I understand that all events and trips must follow the policies, guidelines, and Program Standards listed in the *Volunteer Resource Guide* and *Safety-Wise*. I understand that events and trips that do not follow established policies and guidelines will not be sanctioned by the Girl Scouts of Eastern Iowa & Western Illinois or Girl Scouts of the U.S.A.

Name of Event/Trip Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Event/Trip Chair: \_\_\_\_\_

***Day trips over 100 mile radius, all overnights, and troop camping require signature of approval from Program Manager.***

Program Manager: \_\_\_\_\_ Date: \_\_\_\_\_