

## Troop Trip Application - EZ

**Turn this form into your Service Area Manager two weeks before your trip.**

**Use this form for trips that:**

- **Do not include high risk activities and require no special certifications**
- **Only include currently registered members of Girl Scouts of Historic Georgia**
- **Only use personal vehicles for transportation**
- **Are day trips or are two nights or less in length**

### Trip Details

Purpose of the trip: \_\_\_\_\_

Name of Destination: \_\_\_\_\_ Street Address: \_\_\_\_\_

Departure Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Return Date: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Trip Leader Name: \_\_\_\_\_ 5-digit Troop #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

# of Girls Attending: \_\_\_\_\_ # of Adults Attending: \_\_\_\_\_

### Volunteer Certifications

At least one adult on your trip must have completed Adult and Child First Aid/CPR/AED.

First Aid Certified Adult Name: \_\_\_\_\_

(Please attach certification card if not already on file)

### Emergency Contact

The individual not going on the trip who can be contacted in the event of an emergency. You must leave a trip itinerary and a list of all trip attendees along with their parent/guardian phone numbers with your emergency contact person.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Supporting Documents

- Attach a Participant Roster - Name of girl and adult participants going on this trip including age, grade-level, phone number and email address.

### Advisor/Leader Statement of Compliance:

- GSUSA Safety Activity Checkpoints, GSHG health, safety and emergency procedures have been reviewed and will be adhered to.
- All certified adult participants are able to perform in their capacities according to GSUSA health and safety guidelines.
- All drivers for these activities are properly licensed and all vehicles are registered, insured, maintained and have a seat and seatbelt for every passenger. Car seats/booster seats will be used for any girls who legally require one.
- Parents/guardians will be informed of the trip activities, safety and emergency procedures, and contact information.
- A signed Girl Health History and Permission Form will be obtained and carried on the trip for each girl.
- Our group/troop will conduct ourselves at all times in a positive manner while representing Girl Scouts.
- I understand that providing misinformation could result in the trip not being covered by Girl Scout Activity Insurance and could increase my personal liability.

Advisor/Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_