

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: _____