



Troop Trip Application

Submit this form to your local GSHG Program Manager four weeks before your trip.

Please use additional pages to submit any information unique to your trip.

Trip Details

Purpose and Description of Your Trip:

Trip Leader Name: _____ 5-digit Troop #: _____

Departure Date: _____ Departure Time: _____ Departing From: _____

Return Date: _____ Return Time: _____ Returning From: _____

Please list all places you will visit on your trip, or attach a detailed itinerary including these details. Include any overnight accommodations and major sites and attractions.

Site Name	Date Visiting	Site Address

Transportation

Please list all transportation providers (ex. flight, train, bus, rental vehicle) or attach your transportation receipts/itineraries.

We will only be using personal vehicles for this trip

Type	Trip Number if applicable	Date	Departing Location	Arrival Location
<i>EX. Plane</i>	<i>Flight 1912GS</i>	<i>3/12/1912</i>	<i>Heathrow Airport, London</i>	<i>Savannah, GA</i>

Supplemental Insurance

Some trips (below) require supplemental Girl Scout insurance. It is inexpensive and well worth the cost.

1. Traveling more than 2 nights
2. Camping more than 2 nights
3. A Girl Scout event/activity with non-registered Girl Scouts participating/attending Insurance can be

purchased online here: <https://gshg.wufoo.com/forms/request-for-supplemental-insurance/>

If your trip requires supplemental insurance, attach the receipt of your purchase to this form.

Emergency Contact

The individual not going on the trip who is contacted in the event of an emergency; he/she should have a detailed trip itinerary and a list of all trip participants with their parent/guardian phone numbers.

Name: _____ Phone: _____ Email: _____

Final Roster Fill out this form or attach a participant roster with this information. All trip participants must be registered members of Girl Scouts at the time of the trip.

Name	Grade level or Adult	Phone number

Certifications required for this trip. Attach copy of certification if not already on file.

Name of Certification	Name of Certified Adult	Date of Certification
First Aid/CPR (must have for any trip)		

Advisor/Leader Statement of Compliance:

- GSUSA 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. Girls will be in car seats/booster seats if legally required.
- Parents/guardians are informed of the trip activities, safety and emergency procedures, and contact information.
- A Girl Health History and Permission Form will be obtained for each girl on the trip and will be carried on the trip.
- Our group/troop will conduct ourselves at all times in a positive manner while representing Girl Scouts.
- I understand providing misinformation could result in the trip not being covered by Girl Scout Activity Insurance and could increase personal liability.

Advisor/Leader Signature: _____ Date: _____