girl scouts heart of michigan

Troop Trip and Activity Application

This form must be submitted at least four (4) weeks prior to your trip.

If registering for an event facilitated by Girl Scouts Heart of Michigan or visiting a GSHOM camp this form is not needed unless additional insurance is needed.

See *Safety-Wise* and Chapter 6 of the *Volunteer Resource Manual* for trip & activity planning details.

Inform Area Manager (Service Team Coordinator) or designee of all trips/activities (over 50 miles one-way) outside the troop's regularly scheduled meeting time and location by completing this form.

Complete all applicable sections including those * items for day trips over 50 miles (one-way) from your regular troop meeting place or any overnight experience at a non-GSHOM facility.

(If trip or activity involves non-Girl Scouts, additional insurance must be purchased in advance.)

*** TRIP PLANS**

GS Area (Service Unit)_____Troop Leader/Advisor _____

Street address _____ City _____ Zip code _____

Day phone _____ E-mail _____

Trip Destination(s):_____

Date/time of departure _____ Date/time of return _____

Troop #_____ Grade Level: ❑D ❑B ❑J ❑C ❑S ❑A

Purpose of trip _____

*** BUDGET**

Total cost for a girl to participate: $ _____per girl **x** _____ girls = $ _____

Family will pay: $ _____ out of pocket **x** _____ girls = $ _____

Troop Treasury will pay: $ _____ per girl **x** _____ girls = $ _____

How are you ensuring this trip/activity is affordable to all girls in the troop?

_____

*** PARTICIPANTS** (estimate number of participants and list number by grade/category)

(If trip or activity involve non-Girl Scouts, additional insurance must be purchased in advance.)

K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	Non-GS Girls	Adults	Non-GS Adults	TOTAL Girls & Adults
___	___	___	___	___	___	___	___	___	___	___	___	___	____	____	____	____

*** EMERGENCY CONTACT NUMBER**S (To be used if troop needs to be contacted during trip/activity.)

Contact on Trip: Name _____ Phone _____

Emergency Contact (not on trip): Name _____ Phone _____

*** ADULT LEADERSHIP (attach copies of course attendance record/certification)**

Adult First Aider who will accompany troop _____

Type of First Aid Certification _____ Expiration Date _____

Type of CPR Certification _____ Expiration Date _____

As required, adult who has completed:

Outdoor I Training Course_____ Date Taken _____

Outdoor II Training Course _____ Date Taken _____

Trip Planning Course _____ Date Taken _____

Extended Trip & Travel Course_____ Date Taken _____

*** TRANSPORTATION:** Types of transportation used for this trip/activity. Check all that apply:
Note: All charter/borrowed vehicles require a certificate of insurance (attach). For rental/lease vehicles attach copy of rental agreement.

❑Walking ❑Private Passenger Vehicles ❑Rental Car(s) ❑Rental Van(s) ❑Rental/Charter Bus(s)
❑Train ❑Public Transportation ❑Public Air Flights Rental/Charter company name

HIGH ADVENTURE ACTIVITIES ❑No high adventure activities

(Examples include but are not limited to: swimming, boating, canoeing, kayaking, water tubing, rafting, water skiing, sailing, backpacking, challenge/ropes courses, climbing, downhill skiing, horseback riding, archery, etc…)

List certified/qualified adults (per *Safety-Wise*) supervising high adventure activities (attach copies of certification)

Activity _____ Certified Adult Name _____

Type of Certification: _____ Expiration Date:_____/_____/_____

Activity _____ Certified Adult Name _____

Type of Certification: _____ Expiration Date:_____/_____/_____

❑Check here if any activities will be conducted through contracting an individual or company providing equipment, instructors, supervision or program (examples: guides, outfitters, touring company, livery, rental agency, etc.) Provide certificate of insurance from provider.

ADDITIONAL INSURANCE ❑No additional insurance required

Additional Insurance is required for any trip that is planned for three (3) nights or more and any trip/activity planned with non-Girl Scouts in attendance.

Refer to the GSHOM Web site for additional insurance details.

- When purchasing additional insurance a completed Mutual of Omaha Insurance form, check payable to Mutual of Omaha and envelope addressed to Mutual of Omaha must be submitted with this application.

*** TRIP PLANNING CHECK-LIST**

I have included or attached the following items (check all that apply):

❑Participant List (given to emergency contact)* ❑Detailed Trip Itinerary (given to emergency contact)*
❑Trip Budget* ❑Copy of GS course attendance record/certification
❑Copy of current first aid and CPR certifications ❑Additional insurance payment (if non-GS attending)*
❑Copies of certification(s) for high adventure activity leaders (if required)*
❑Copy of rental agreement for hired vehicles and any other contracts/agreements (if appropriate)
❑Copy of certificate(s) of insurance (if required)*
❑Copy of any written information provided to girls and parents

* Copies of these items in this section are required with your application for extended trips.

FOR OVERNIGHT TRIPS:

# of nights _____

(Four (4) nights or more require health examinations and three (3) nights or more require additional insurance)

TYPE(S) OF ACCOMMODATIONS: Check all which may apply:
❑Private Camp ❑Public Camp ❑Girl Scout Camp/Program Center ❑Youth Hostel ❑Hotel/Motel
❑Rental Property (i.e. cabin, beach house) ❑Government facility ❑Other _____

- Include specific name, address and phone numbers of accommodations on Detailed Trip Itinerary

*** AGREEMENT:** I have reviewed applicable Girl Scout Heart of Michigan and GSUSA policies, standards and procedures found in current versions of *Safety-Wise* and *Volunteer Resource Manual* and agree to follow them.

Signature of Troop Leader/Advisor _____ Date _____

NOTE: *Leader submitting application will be notified of approval status or request for additional information within 10 days.*

*** TRIP APPROVAL**

❑Approved ❑Not Approved ❑Referred for Approval

Comments:_____

Area Manager/designee Signature _____ Date _____

Membership Specialist Signature_____ Date _____

*** required for High Adventure Activities, Additional Insurance and Overnight Trips**

Leader notified by: ❑ Email ❑ Phone ❑ In person ❑ By letter ❑ Other _____ Date _____

4-3-12 kc