

**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 (GSHOM) or visiting a GSHOM camp, this form is not needed unless additional insurance is required. (If trip/activity involves non-Girl Scouts, additional insurance must be purchased in advance.)

*See Safety Activity Checkpoints and Volunteer Essentials for trip & activity planning information.*

Inform your Service Unit Manager of all trips/activities (over 50 miles one-way) outside the troop's regularly scheduled meeting time.

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

**TRIP PLANS**

Girl Scout 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 \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ 5<sup>th</sup> \_\_\_\_\_ 6<sup>th</sup> \_\_\_\_\_ 7<sup>th</sup> \_\_\_\_\_ 8<sup>th</sup> \_\_\_\_\_ 9<sup>th</sup> \_\_\_\_\_ 10<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup> \_\_\_\_\_ 12<sup>th</sup>  
 \_\_\_\_\_ Girl Scout Adults \_\_\_\_\_ Non-GS Girls \_\_\_\_\_ Non-GS Adults \_\_\_\_\_ TOTAL Girls & Adults

**EMERGENCY CONTACT NUMBERS** (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:  
 Trip Planning Home Study \_\_\_\_\_ Date Taken \_\_\_\_\_  
 Outdoor Skills 1 Course \_\_\_\_\_ Date Taken \_\_\_\_\_  
 Outdoor Skills 2 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(es)  
 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 Activity Checkpoints) 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 REQUIRED**  **NO ADDITIONAL INSURANCE REQUIRED**

Additional insurance is required for any trip that is planned for over two (2) nights and any trip/activity planned with non-Girl Scouts in attendance.

Refer to the Girl Scouts Heart of Michigan website (gshom.org) for additional insurance details.

- When purchasing additional insurance a completed Mutual of Omaha Insurance form, check payable to GSHOM or debit card number must be submitted with this application.  
(There is a \$5 minimum for additional insurance.)

### TRIP PLANNING CHECK-LIST

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

- |  |  |
|--|--|
| <input type="checkbox"/> Participant List (given to emergency contact)*  | <input type="checkbox"/> Detailed Trip Itinerary (as given to emergency contact)*              |
| <input type="checkbox"/> Trip Budget*  | <input type="checkbox"/> Additional insurance payment (if non-GS attending)*                   |
| <input type="checkbox"/> Copy of current first aid and CPR certifications  | <input type="checkbox"/> Copy of any written information provided to girls and parents         |
| <input type="checkbox"/> Copies of certification(s) for high adventure activity leaders (if required)*                   |  |
| <input type="checkbox"/> Copy of rental agreement for hired vehicles and any other contracts/agreements (if appropriate) |  |
| <input type="checkbox"/> Copy of certificate(s) of insurance (if required)*  | * Copies of these items in this section are required with your application for extended trips. |

### FOR OVERNIGHT TRIPS:

# of nights \_\_\_\_\_ (Over two (2) nights 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 Activity Checkpoints and Volunteer Essentials 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**

Referred for Approval  Approved  Not Approved

Comments: \_\_\_\_\_

Service Unit 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 \_\_\_\_\_