

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

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

Complete **all applicable sections including those * items** for every day trip (over 50 miles one-way) from your regular troop meeting place, for all activities which include High Adventure experiences, and any overnight experience at a non-GSHOM facility. **Submit this completed form to trooptrips@gshom.org.**

***TRIP PLANS**

Girl Scout Area _____ 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 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____ 7 ____ 8 ____ 9 ____ 10 ____ 11 ____ 12 ____ Total

____ Non-GS Girls ____ GS Adults ____ Non-GS Adults ____ TOTAL Girls and 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.

Walking Private Passenger Vehicles Rental Car(s) Rental Van(s) Rental/Charter Bus(s)

Train Public Transportation Public Air Flights Rental/Charter company name _____

Note: All charter/borrowed vehicles require a certificate of insurance (attach). For rental/lease vehicles attach copy of rental agreement.

***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** 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 GSHOM website 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.*

***TRIP PLANNING CHECK-LIST**

I have included or attached the following items:

Items with an * are required with your application for extended trips.

Detailed Trip Itinerary (as given to emergency contact)*

Trip Budget*

Copy of GS course attendance record/certification

Participant List (given to emergency contact)*

Additional insurance payment (if non-GS attending)*

Copy of current first aid and CPR certifications

Copies of certification(s) for high adventure activity leaders (if required)*

Copy of certificate(s) of insurance (if required)*

Copy of rental agreement for hired vehicles and any other contracts/agreements (required)

Copy of any written information provided to girls and parents

FOR OVERNIGHT TRIPS:

Number 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: The leader submitting this application will be notified of approval status or request for additional information within ten (10) days.

TRIP APPROVAL	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Comments _____		
Service Unit Manager notification _____		Date _____
Staff approval signature _____		Date _____
Leader notified by		
<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> In-person <input type="checkbox"/> Letter <input type="checkbox"/> Other _____		Date _____