

Any gathering that is outside your regular meeting place and time is considered travel and should be approved accordingly. Submit to your service unit two weeks prior to trip. Refer to the Quick Trip Guide for information regarding what requirements must be met for this trip.

| Section 1—Trip Activity Information | | Day Trip | Overnight Trip |
|-------------------------------------|-----------|---------------|----------------|
| Today's Date: | Troop No: | Service Unit: | |
| Trip Leader Name: | | | |
| Phone: | Email: | | |

| Number of Participants | | | | | |
|---|--------------|----------------|--------------|-------------|-----------------|
| Daisy ____ | Brownie ____ | Junior ____ | Cadette ____ | Senior ____ | Ambassador ____ |
| Cleared and Registered Adults: Female ____ Male ____ Non-Member: Adults Female ____ Male ____ Children ____ | | | | | |
| Additional insurance was purchased as required for any activity in which non-members are participating. | | | | | |
| Yes | | Not Applicable | | | |

| Certifications and Training (as required) | | |
|---|-------------------------|------------|
| Name | Certification/Training | Date Taken |
| | First Aid/CPR | |
| | Indoor Overnight Skills | |
| | Outdoor Skills | |
| | Other | |

| Emergency Contact Information | |
|-------------------------------|---------------|
| At Home Emergency Contact: | Phone Number: |
| Trip Leader: | Cell Phone: |

| Section 2—Trip Activity Information | |
|---|---|
| Trip Destination: | |
| Trip Departure Date: | Trip Return Date: |
| Trip Itinerary. Please list major activities girls will do. Refer to GSEP Safety Activity Checkpoints and High Risk Activity Fact Sheet for additional requirements. Asterisk (*) any high risk activities. Attach additional sheets as necessary. | |
| Day 1: | |
| Day 2: | |
| Day 3: | |
| Are there high risk activities on this trip? Yes No | |
| If yes, then... | Have high risk activities been reviewed with parents? COI(s) on file or submitted? |

| Section 3—Transportation | |
|---|--|
| Type of transportation planned: | |
| Bus Certificate of Insurance on file or submitted. | |
| Plane Airline and flight No. _____ | |
| Boat Certificate of Insurance on file or submitted. | |
| Train | |
| Car (ride share companies not permitted) | |
| Van (10 passenger or less) | |
| Van (12 passenger with CDL Driver) Volunteer Driver Form on file. | |

| Section 4—Lodging (Overnight Only) | |
|---|---|
| Lodging: Please list the name and address of where you will be staying. Must provide separate sleeping quarters and toilets for males on trip. (Airbnb or private rentals not permitted) | |
| Night 1: | COI on file? Yes No Not Required |
| Night 2: | COI on file? Yes No Not Required |
| Night 3: (Holiday weekend or Summer months only) | COI on file? Yes No Not Required |

| Section 5—Money | |
|---------------------------|-----------|
| Trip Cost: | |
| Troop Contribution | Total \$ |
| Family Contribution | Total \$ |
| Total cost of trip | \$ |

| Section 6—Trip Approval | |
|--|--|
| Trip Leader Statement of Compliance: Verify that all statements below are true. | |
| | GSUSA and GSEP health, safety, and emergency procedures have been reviewed and are being followed. |
| | Families are informed of the trip activities, safety and emergency procedures, and emergency contact information. |
| | Families are informed of the costs associated with this trip and what costs they are responsible for. |
| | Appropriate permissions (including health history forms and permission slips) have been obtained for each girl and will be carried by the Trip Leader or First Aider at all times. |
| | Our group will conduct ourselves as a positive representative of Girl Scouts. |
| | All adult participants are able to perform in their capacities according to GSUSA health and safety guidelines. |
| | All adult chaperones are registered and cleared per GSEP policy. |
| Trip Leader Signature: | Date: |
| Service Unit Manager/Trip Advisor Signature: | Date: |