

Trip Application



Girl Scouts of NE Kansas & NW Missouri
8383 Blue Parkway, KC, MO 64133
(816) 358-8750 Fax (816) 358-5714
www.girlscoutsksmo.org

Submit this form six weeks in advance to obtain written approval for a trip extending overnight.

Service Unit _____ Troop _____

Age Level (Check one) Brownie Junior 11-12 13-15 16-17

Leader's Name _____			
Address _____			
Street	City	State	Zip
E-Mail _____			
Telephone () _____	() _____	() _____	
Day	Evening	Cell	

Basic Information

Adult in charge _____ (Position) _____ (Cell Phone) _____

Address _____
Street City State Zip

Trip destination _____

Purpose of trip and activities _____

Trip Dates _____ Approximate number of miles one way _____ Travel time _____

Overnight accommodations (tents, cabin, hotel) _____

Experience – List trips girls have taken _____

Number attending: B ____ J ____ 11-12 ____ 13-15 ____ 16-17 ____ Tags: F ____ M ____
Registered Adults: F ____ M ____ Non-registered adults: F ____ M ____

Length of Activity 1 or 2 nights More than 2 nights

Girl Scout Accident Insurance does not cover stays of more than two (2) nights, or provide insurance for non-members. Supplemental coverage should be purchased for additional nights and non-members.

Is an Insurance Form needed? Yes No

Transportation Drivers must be age 21 or above, personally insured, licensed, familiar with vehicle and have safe driving records. Only vans up to 12 passengers are approved for transporting Girl Scout groups.

Personal vehicle(s)

Rented, borrowed or chartered vehicle(s), bus, train, or plane. (NOTE: complete the Trip Transportation Information for Vehicles form.)

Finances

Income	Troop will pay	\$ _____
	Girls will pay	\$ _____
	Adults will pay	\$ _____
	Tags will pay	\$ _____
	Other	\$ _____
	TOTAL INCOME	\$ _____

Expenses	Transportation	\$ _____
	Lodging	\$ _____
	Food	\$ _____
	Program Activities	\$ _____
	Emergency fund	\$ _____
	TOTAL EXPENSES	\$ _____

Trip Application, continued

Check *Safety-Wise* before planning any trips with girls. Review the trip Planning Checklist in *Safety-Wise*. Verify that the home contact person for emergencies has the itinerary and the council emergency procedure green card. Verify that the parents/guardians have a copy of the itinerary and the name and telephone number of the home contact person for emergencies.

Additional Information

List activities of greater risk than usual (horseback riding, boating, etc.) _____

Will troop be swimming? Yes No

If yes, name of Lifeguard _____ Certification expires _____

Camp trained adult (if camping) _____ Date of training _____

Certified First-Aider _____ Certification expires _____

CPR Certified Adult _____ Certification expires _____

Reminder: Extra drivers need to accompany group if plans involve extending driving time.

Home Contact Person for Emergencies

Name _____

Address _____

Phone (____) _____ (____) _____ (____) _____
Day Evening Cell

Before departure, send to your Membership Manager at NE Kansas & NW Missouri Council:

1. A detailed itinerary including contact information throughout the trip.
2. Complete roster of all girls and adults in traveling group along with home contact information.
3. Any contracts or agreements, attach for council staff to sign.
4. Contact Membership Manager with any changes.

I have read and agree to adhere to the related GSUSA standards, guidelines, and safety checkpoints in *Safety-Wise* and will follow NE Kansas & NW Missouri Council policies, standards, and procedures. I understand that parents/guardians **must** give written permission for their child to participate.

Leader _____ Date _____
(Signature)

Approved by: _____ Date _____
Name Position