

Application for Activities and Trips

1.800.960.2093 www.gslpg.org



DIRECTIONS: Completed application should be sent to info@gslpg.org for approval a minimum of 4 weeks prior to trip. Within 10 business days of receipt of your request you will be notified of the status of your application. This form must be approved before girls proceed with planning.

Date: _____ Troop #: _____ Service Unit: _____
Name of Troop Leader/Contact during activity: _____
Day Phone: _____ Phone at Activity: _____ Email: _____

Check all boxes that apply to your troop/group trip.

Tag-a-longs (unregistered members) will be attending this activity/trip.

This activity/trip requires more than 350 miles round-trip.

This activity/trip is for international/cruise travel. (See GSLPG Extended Troop Trip Training)

This activity/trip lasts more than 2 consecutive nights. (3 nights when one of the nights is a federal holiday).

(See GSLPG Extended Troop Trip Training) A day-to-day itinerary including times and locations must be attached.

This activity/trip occurs at a GSLPG Camp property.

This activity/trip involves high-risk activity. Please list activities: _____

Trip Information: Start Date: _____ Start Time: _____ End Date: _____ End Time: _____

Departure Location and Physical Address: _____

Activity Location and Physical Address: _____

What is the purpose of this trip (i.e. service, eco-tourism, etc.)? _____

What activities listed in Safety Activity Checkpoints have been reviewed? _____

Is this activity overnight? No Yes, Overnight accommodations Name: _____ Phone #: _____

Complete Address: _____

See GSLPG Guidelines for Overnight Sleeping Arrangements in Volunteer Essentials, Chapter 4-Safety Wise.

Emergency Contact at Home:

Name: _____ Day Phone: _____ Evening Phone: _____

*This contact should not be a participant on the activity.

Participant Information:

Total # registered girls in troop/group: _____ Total # registered adults in troop/group: _____

Participant Numbers: Daisy: _____ Brownie: _____ Junior: _____ Cadette: _____ Senior: _____ Ambassador: _____

Adult Females: _____ Adult Males: _____ Tag-a-longs (unregistered children) _____

Complete participant information worksheet (page 3).

Continue to next page

General Budget Information: (An itemized budget may be requested if needed)

Cost per girl: \$ _____ Cost per adult: \$ _____ Cost per tagalong: \$ _____ Total Budget: \$ _____

Troop funds will pay: \$ _____ Girls pay: \$ _____ Adults pay: \$ _____ Tagalongs pay: \$ _____

How was money raised for this activity (Product sales, money-earning, etc.)? _____

Transportation Information: Indicate what type of transportation is being used.

Private Vehicle for Troop Use Hired, Leased or Borrowed* Bus* Train Plane Watercraft

Parents are driving their own children

*If leasing or chartering transportation, a **Hired, Leased or Borrowed Vehicle** form needs to be included and can be found on our website in the forms section.

List adults who are driving participants. Additional drivers can be list on page 3.

Name: _____ D.L.# _____

Name: _____ D.L.# _____

Certifications: List adults who are participating on this trip and have completed the necessary training for this trip. See council guidelines in Volunteer Essentials, Chapter 4-Safety Wise, Transporting Girls.

Name	Certification: First Aid/CPR, Canoe, Lifeguard, Archery, Outdoor Education	Date Completed	Expiration (if applicable)	Approved (by Council)

Will there be certified adults, special consultants, resources, equipment, or organizations provided at the activity?

No Yes, list here: _____

Advisor/Leader Statement of Compliance:

- I have reviewed the policies for this activity found in Volunteer Essentials, Safety Activity Checkpoints, and GSLPG's travel, health, safety and emergency procedures and the policies are being adhered to.
- All certified adult participants can perform in their capacities according to GSUSA health and safety guidelines.
- All drivers for these activities are properly licensed and all vehicles are registered, insured, maintained and have a seat and seatbelt for every passenger.
- Parents/guardians are informed of the trip activities, safety and emergency procedures, and contact information.
- A Girl Scout Permission Slip (P-518) has been obtained for each girl including Girl/Adult Health History (TO-508).
- The group will be accompanied by a minimum of 2 registered, non-related adults. One must be a female. Additional adults will be added as required by GUSUA Safety Activity Checkpoints.
- Our group/troop will conduct ourselves always in a positive manner while representing Girl Scouts.
- I understand providing misinformation could result in the trip not being covered by Girl Scout Activity Insurance and could increase personal liability.

Advisor/Leader Signature: _____ Date: _____

