



**GIRL SCOUTS OF GREATER ATLANTA, INC.
APPLICATION FOR TROOP/GROUP TRIPS**

Date received in council office:
Staff initial:

NAME:		TROOP #:		SERVICE UNIT:	
E-MAIL ADDRESS:		DAYTIME PHONE:		EVENING PHONE:	
ADDRESS:					
CITY:		STATE:		ZIP:	
Date Trip Training taken:			County:		

USE:	<p>This form must be used for any trip meeting the following criteria:</p> <ul style="list-style-type: none"> • Trips of six hours or more (including travel time) – including all overnight events on non-council sites • Trips with activities that require trained/certified personnel or special equipment • All service unit camporees and encampments <p>For approval of trip, fax this completed application to: 404-527-7508 Or mail to: 1577 Northeast Expressway, Atlanta, GA 30329</p> <p>Application approval timelines: (be sure to add extra time if mailing application)</p> <ul style="list-style-type: none"> • Day trips and trips of one or two nights – at least one month prior to the trip • Trips to visit the Birthplace in Savannah – at least 4 months prior to the trip • Trips of (3) nights or more, inside the continental US – at least four months prior to the trip • Cruises and International trips – follow timeline received in Cruise & International Trip Training (completion of training required before forms may be submitted for approval) <p>Note: Refer to <i>Council Guide for Volunteers</i> and <i>Safety-Wise</i> before planning any activity or trip for requirements concerning planning, transportation, security and required personnel and/or certifications.</p>
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- Trip Destination/address: _____
Activity/Purpose of trip: _____
- Day Trip: Date/Time: _____
Dates of Overnight: From: _____ to _____ No. of nights _____
Type of accommodations during travel and at destination: _____
- Number of registered girls attending trip: _____ Age range of girls attending trip: _____
Number of adults attending trip: Female: _____ Male: _____ Program Level: (D) (B) (J) (C) (S) (A)
- Activity information: Check those specialized activities in which you expect to participate:

	YES	NO		YES	NO	
Archery			Activities listed in this section require specialized/certified activity leaders. **Require council approval of location and/or venue.	Horseback Riding - ring**		
Backpacking				Horseback Riding – trail**		
Camping**				Inflatable (moonwalk, etc.)		
Challenge Course - outdoor**				Riflery/gun safety**		
Challenge Course – indoor**				Rafting/Tubing/Boating**		
Climbing wall – indoor**				Swimming		
Climbing wall – portable**				Skiing - Downhill**		
Will you have a current Minor & Adult Health History for each girl and adult participating in trip?						
Will you have parent support and a signed permission form for each girl participating in trip?						
Have you read the “Activity Checkpoints” in <i>Safety-Wise</i> that pertain to all planned activities, and do you understand them and agree to follow them?						
Has the skill level of each participant been evaluated?						
Is specialized equipment is being used? (please list)						
Are special agreements or contracts required for any activity? (attach a copy)						

5. Type of transportation: _____ Private passenger vehicles _____ Other _____

Do you have a current Volunteer Driver Log listing every driver? _____ Yes _____ No

6. **List of adults accompanying troop.** All adults accompanying a troop/group on a trip must have successfully completed the volunteer intake process before the start of the trip. Please check the *Council Guide for Volunteers* for more information.

NAME/RELATIONSHIP TO TROOP:	Female	Male	Driver	Registered	
				YES	NO
Certified First Aider:					
Trained Troop Camper:					
Certified Life Guard:					
Certified Boating Instructor:					
List all other adults accompanying troop:					

7. **Other Information:**

Number of Tag-a-longs: (see <i>Council Guide for Volunteers</i> for more information)	Girls	Boys
How have the girls been involved in the planning of the trip?		
Budget: Cost of trip per person that troop is paying for: \$		
Amount to be raised by troop is: \$ Amount contributed by parents: \$		
What money earning activities have been held by the troop or are planned to help pay for the trip? (Follow all guidelines for money earning activities found in both <i>Safety-Wise</i> and the <i>Council Guide for Volunteers</i>)		
Will other sources be used to fund the trip? Please list other sources and approximate funds:		

8. **At home emergency contact who will be available during the entire trip:**

NAME:			
RELATIONSHIP TO TROOP:			
PHONE:	DAY:	EVENING:	CELL:

My signature below indicates that all the information provided is correct to the best of my knowledge. I also acknowledge that intentional failure to follow published guidelines and procedures found in *Safety-Wise* and the *Council Guide for Volunteers* could result in a reduction of available Girl Scout provided insurance and may result in personal liability to myself.

Troop Leader's Signature: _____ Date: _____

Council Staff Use Only:

Reviewed by:	
Date:	
Follow up Required:	