girl scouts of eastern missouri

TROOP TRIP APPLICATION
(FOR TRIPS OF MORE THAN ONE DAY)

Date Submitted: _____ Troop #: _____ District:_____ Neighborhood: _____

Level (circle one): Brownie Junior Cadette Senior Ambassador

Trip Leader:_____

Street Address: _____

City/State/Zip : _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ Email: _____

For Office Use Only

Date Received: _____

Tentative Approval: _____

Approval: _____

Rejected: _____

Comments: _____

_____

_____

Rental Contract Rec'd: _____

COI's Rec'd: _____

Forms Sent: _____

Trip Information & Planning

Purpose: _____ Previous Trip (Place):_____ Date:_____

No. of Girls Registered in Troop: _____ Parents have been informed and support has been obtained: yes _____ no_____

Destination: _____

Departure Date: _____ Return Date: _____ No. of Adults _____

No. of Girls Participating: _____ Ages: _____

Girls part in planning: _____

Parents part in planning: _____

Trip Activities (Please check *Safety Activity Checkpoints, Volunteer Essentials*, and *GSEM Essentials* available online at girlscoutsem.org and note activities that require certification and adults with additional training)

_____ Camping _____ Swimming _____ Boating _____ Other (Specify) _____

Adults (complete where applicable)

Required: For all trips **MUST ATTACH COPY OF CHILD & ADULT CPR, AED AND FIRST AID CERTIFICATION** **A Level 2 First Aider/CPR is required for Trip or Travel Camping**	Certified First Aider/Child & Adult CPR and AED: _____ Address: _____ City/State/Zip: _____ Dates & Type of Certification: _____
Required: For swimming, the number of Certified Lifeguards is based upon the number of girls. (Refer to *Safety Activity Checkpoints, available online at girlscoutsem.org*) **MUST ATTACH COPY OF LIFEGUARD CERTIFICATION**	Certified Lifeguard: _____ Address: _____ City/State/Zip: _____ Date & Type of Certification: _____

(OVER)

2013

Required for Camping Trips (Refer to *Volunteer Essentials and GSEM Essentials, available online at girlscoutsem.org*)	Licensed Troop Camper: _____ Address: _____ City/State/Zip: _____
Other Adults (list names and addresses)	Name: _____ Address: _____ City/State/Zip: _____ Name: _____ Address: _____ City/State/Zip: _____

Transportation (please refer to *Safety Activity Checkpoints , Volunteer Essentials and GSEM Essentials available online at girlscoutsem.org.*

_____ Car _____ Van _____ Bus _____ Train _____ Ship _____ Airplane ____ Other (specify): _____	
If commercial vehicle:	Company Name: _____ Phone #: _____ Address: _____ City/State/Zip: _____)_____

Required: Chartered buses must meet Public Service Commission regulations and ALL contracts or agreements must be approved by the Director of Girl Development prior to your trip (Refer to *Safety Activity Checkpoints, Volunteer Essentials and* GSEM Essentials available online at girlscoutsem.org. 15-Passenger vans are prohibited.

Health Forms/Examinations and Insurance (Refer to Safety *Activity Checkpoints, Volunteer Essentials* and *GSEM Essentials*, available online at girlscoutsem.org)
Special Note: The basic coverage plan only covers girls participating in an approved Girl Scout activity lasting two consecutive nights or less. A third consecutive night is covered when one of the nights is a Federal holiday, such as Memorial Day or Labor Day. This includes travel to and from the Girl Scout activity. Optional plans can be arranged by calling the Accounting Department at the Girl Scout Service Center.

Accommodations	**Budget**	**At Home Emergency Contact (available during entire time of trip)**
Type: _____ Name: _____ Phone: _____ Street Address: _____ _____ City/State/Zip: _____ _____	Approx. Total Cost $ _____ Cost per girl $ _____ Amt. raised by troop $ _____ How? _____ _____ Plans for Adult Leaders' Finance: _____ _____ **Required:** Troop money-earning projects must be approved by your Neighborhood Manager. **Note:** Troop should not make final payments for overnight accommodations, transportation, or for venues providing program/activity until all paperwork is secured and approved by Council.	Name: _____Phone: _____ Cell Phone: _____ Relationship: _____ Address: _____ City/State/Zip: _____ **Neighborhood Manager or District Chair if the Trip Leader is the NM:** I have reviewed this application and endorse the plans with the following suggestions: _____ Name (Print): _____ Signature: _____ Date: _____ Street Address: _____ City/Zip: _____

Trip Leader's Signature: _____ Date: _____
(Leader: Keep one copy and mail a copy to Girl Scouts of Eastern Missouri, Trip Coordinator, 2300 Ball Drive, St. Louis, MO 63146)
JR/sck 5/8/13 (revised)
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