



Girl Scouts of Washington Rock Council, Inc.
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Trip Application Day and Overnight

THIS FORM MUST BE COMPLETED FOR ANY ACTIVITY SCHEDULED FOR A TIME OR PLACE THAT DIFFERS FROM THE REGULAR TROOP MEETING TIME OR PLACE.

Day Trips: Submit this form to your Service Unit Manager two (2) weeks prior to the trip. There is no need to submit it to Girl Scouts of Washington Rock Council. **COMPLETE THE ROSTER OF PARTICIPANTS ON THE REVERSE SIDE OF THIS FORM.**

Risk Related Activities and ALL Overnights (except Camp Hoover): Complete both sides of this form, secure signature of your Troop/Group Consultant or Service Unit Manager and submit both copies to Girl Scouts of Washington Rock Council six (6) weeks prior to the trip.

Risk Related Activities are Aquatic Activities, Horseback Riding, Skating, Skiing, or other activities that may or may not be detailed in Safety-Wise.

All Trips of More than 2 Nights: Complete and submit as above plus attach an *application for Activity Insurance, a proposed budget and daily schedule.*

Leader's Name _____ Service Unit _____ Troop # _____
 Street _____ Home Phone _____
 City _____ State _____ Zip _____ Work Phone _____
 Email address _____

Level: Daisy Brownie Junior G.S. 11-17 yrs. Type of Trip: Day Overnight Extended *

Does this trip involve any risk related activities such as aquatic activities, horseback riding, skating, skiing or other activities not detailed in *Safety-Wise*? YES NO If YES, specify activity _____

Purpose of Trip: _____

Destination (name, address and telephone): _____

Number attending (attach roster): Girl Scouts _____ GS Adults _____ Non-Registered Youth _____ Non-Registered Adults _____

* **Additional Activity Insurance must be purchased through the Council for non-registered participants or trips longer than two consecutive nights.**

Departure: Date _____ Time _____ **Return:** Date _____ Time _____

Form of Transportation: Private Car/Van Chartered Bus Leased Vehicle **Plane** _____
Airline/Flight #

(If using a chartered bus or leased vehicle, a *Transportation Agreement* signed by the GSWRC Executive Director is required – forms available at Service Center)

Troop Emergency Contact at home: Name _____ Phone # _____

Additional Phone #'s (i.e.; work cell, etc.): _____

ATTACHMENTS

- First Aid/CPR: **REQUIRED FOR ALL TRIPS. ATTACH COPY OF CERTIFICATION**

Name: _____ Type of Certification _____
Expiration Date

- Other Relevant Certifications (Troop Camping Certification, Lifeguard, etc. **PLEASE ATTACH TRAINING CARD!**)

I have read all pages in *Safety-Wise* pertaining to this trip and confirm that the plans conform to *Safety-Wise*, GSWRC & GSUSA policies & guidelines.

Troop Leader: _____ Date: _____

Service Unit Manager: _____ Date: _____

Membership Specialist: _____ Date: _____

(required for Overnight Trips only)

BOTH SIDES OF THIS FORM MUST BE COMPLETED