

TRIP APPLICATION

INSTRUCTIONS FOR LEADERS: Please complete the application and forward to your Service Unit Manager and Membership Specialist for approval. Please include a copy of the Trip Participants List. Additional insurance must be purchased for trips of more than two (2) nights and for non-registered person(s). Request for additional insurance must be submitted with the appropriate fee at least three (3) weeks prior to your trip for processing.

LEADER INFORMATION:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Tel. Day: () _____ Tel. Eve: () _____ E-mail: _____

CERTIFICATION:

Adult First Aid/CPR Certified Adult Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Tel. Day: () _____ Tel. Eve: () _____

(PLEASE ATTACH A CLEAR COPY OF FIRST AID/CPR CERTIFICATION)

TROOP INFORMATION:

Service Unit: _____ Troop#: _____

Program Level(s): Daisy Brownie Junior Older Girl

Number of Participants: _____

Registered Girls: _____ Registered Adults: _____ Non-Registered Person(s): _____

TRIP INFORMATION:

Name of Place: _____ Tel.: () _____

Location Address: _____

City: _____ State: _____ Zip Code: _____

Departure Date: _____ Time: _____

Return Date: _____ Time: _____

Traveling By: Private Car Council Bus Other Transportation

Name of Bus Company (if applicable): _____

(Troop leader must verify that the bus company or travel agency has a Certificate of Insurance on file with the Girl Scout Council of Greater New York, Inc. If not, please attach a clear copy of their certificate showing the Girl Scout Council of Greater New York, Inc. as the Certificate holder.)



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TRIP APPLICATION (CONTINUED)

ADDITIONAL INSURANCE: To request Additional Insurance, attach Additional Insurance Form with full payment to your trip application (must be a minimum of \$5). Must be submitted at least three (3) weeks prior to trip date for processing.

_____ Number of person(s) applying for Additional Insurance

EMERGENCY HOME CONTACT: Our contact person listed below will have a complete Trip Participant List including the names, addresses and phone number of all participants.

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Tel. Day: () _____ Tel. Eve: () _____ E-mail: _____

BUDGET INFORMATION: The information below **MUST** be completed before approval can be considered for this application.

No. of Girls registered in Troop \$ _____

No. of Girls participating in the trip \$ _____

Total Cost per person \$ _____

Troop Treasury will pay \$ _____

Participant will pay \$ _____

CHECKLIST FOR TRIP APPROVAL:

WE HAVE:

- Used the Planning Trips with Troops information for planning
- Used **Safety-Wise** pages 44-60 and other appropriate activity check lists
- Checked Girl Scout Council of Greater New York's **Policies and Standards**
- Involved troop members in planning
- Attached itinerary (if overnight and weekend)
- Received the signature of the Membership Manager

- Completed Trip Application

PREPARED THE NECESSARY DOCUMENTATION INCLUDING:

- Participation List
- Additional Insurance Request Form
- First Aid/CPR Certified Adult
- Overnight Adventure and Beyond Training
- Certificate of Insurance (\$5 million) if bus transportation is used
- Budget expenditures

It is recommended that all trips relate to a program activity. How does this trip relate to your program level? _____

Troop Leader's Signature: _____ Date: _____

TRIP APPLICATION APPROVAL: This Application has been reviewed and approved as appropriate by:

Service Unit Manager Signature: _____ Date: _____

Membership Specialist Signature: _____ Date: _____

THIS FORM WILL NOT BE PROCESSED WITHOUT A MEMBERSHIP MANAGER'S APPROVAL.



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TRIP PARTICIPANTS LIST

INSTRUCTIONS: Complete in duplicate and give one (1) copy to Home Contact Adult. One copy **MUST** accompany your Trip Application Form.

Troop#(s): _____ Age Level: _____ Service Unit: _____

Dates of trip: from: _____ to: _____

Traveling to: _____ Tel.: () _____

Troop Leader: _____ Tel.: () _____

First Aid/CPR Certified Adult: _____ Tel.: () _____

Other Adults: _____ Tel.: () _____

_____ Tel.: () _____

_____ Tel.: () _____

#	MEMBERSHIP ID	GIRL'S NAME	AGE	HOME TELEPHONE
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TRIP PARTICIPANTS LIST (CONTINUED)

#	MEMBERSHIP ID	GIRL'S NAME	AGE	HOME TELEPHONE
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