

Events hosted by GSMISTS do not require this form. An application and approval are required for any high adventure activity and for all trips beyond the meeting place that last over 6 hours OR are over 60 miles away from the usual meeting place. Service Unit events meeting the above criteria require this form to be completed by each individual group. Submit to Service Unit Director at least four weeks before the trip or activity. A minimum of two unrelated adults (one of whom must be female), plus additional adults to meet required girl/adult ratios will be present during the entire trip.

Date Received _____

GROUP INFORMATION		
Group #	Service Unit	Girl Scout Level
Leader/Advisor/Adult in charge		
Email		
Address		City, State, Zip
Daytime Phone #		Evening Phone #
Cell Phone #		
GS Trained Group Leader/Advisor attending		GS Outdoor trained adult attending
Currently Certified FA/CPR adult attending		Adult with special certification/training attending
TRIP/ACTIVITY INFORMATION		
Type of Trip/Activity <input type="checkbox"/> Group <input type="checkbox"/> Service Unit <input type="checkbox"/> destination is less than 60 miles from the meeting place <input type="checkbox"/> trip will be less than 6 hours long <input type="checkbox"/> will include high adventure activities <input type="checkbox"/> will include an overnight stay <input type="checkbox"/> will include camping 2 nights or less <input type="checkbox"/> will last three nights or more ___ number of Girl Scouts ___ number of adults		Indicate any high adventure activities that will take place <input type="checkbox"/> swim/scuba/snorkel/surf <input type="checkbox"/> water park/amusement park <input type="checkbox"/> horseback riding <input type="checkbox"/> skiing (water/snow) <input type="checkbox"/> boating/tubing <input type="checkbox"/> challenge/ropes course/zip line/rappelling <input type="checkbox"/> archery <input type="checkbox"/> backpacking <input type="checkbox"/> other: _____
Destination		Destination Address/Phone #
Leaving from	Date	Time
Returning to	Date	Time
How much have girls participated in planning this activity/trip? <input type="checkbox"/> None <input type="checkbox"/> A little <input type="checkbox"/> Some <input type="checkbox"/> A lot		
Non-attending adult - name of emergency contact person		Emergency Contact Phone #
		Alternate Phone #
Emergency contact address		
Trip Itinerary – Please provide a complete trip itinerary including a schedule or arrival and departure times, side trips, rest periods, special activities. Attach a separate sheet if needed.		
Transportation: <input type="checkbox"/> Private Auto <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Commercial Airplane <input type="checkbox"/> Parents will drop off/pick up Estimated mileage one way: _____ List drivers:		
Each driver must be a registered Girl Scout adult and complete a driver information/agreement form. If renting a vehicle or leasing a bus, please contact your Membership & Community Development Manager for detailed instructions to receive authorization.		

OVERNIGHT LODGING/ACCOMODATIONS

Type of lodging: () School () Church () Council property () Campground
 () Hotel/Motel () Tent () Group Cabin () Other (describe) _____

Address of Lodging: _____

Phone at Lodging: _____

PARTICIPANT ROSTER

Girl Name	Phone Number	Girl Name	Phone Number
1.		11.	
2.		12.	
3.		13.	
4.		14.	
5.		15.	
6.		16.	
7.		17.	
8.		18.	
9.		19.	
10.		20.	
Adult Name	Phone Number	Adult Name	Phone Number
1.		4.	
2.		5.	
3.		6.	

TRIP BUDGET*

Expenses	Income
Food	Amount from Group Funds
Transportation	Fee per girl to attend \$
Lodging	# girls X fee =
Fees	Amount from Group Sponsor
Other (list)	Other Sources:(list)
	Fee per adult to attend \$
	#adults X fee =
Total Expenses	Total Income

* Some trips may require the group to submit a more detailed budget.

TRIP/ACTIVITY LEADER/ADVISOR AGREEMENT

Please initial each of the following items to acknowledge that you have read and understand trip guidelines.

- ___ A minimum of two unrelated adults (one of whom must be female), plus additional adults to meet required girl/adult ratios will be present during the entire trip.
- ___ All girls are currently registered Girl Scouts; all adult trip leaders/advisors and drivers are currently registered Girl Scout members and have approved CBL/application on file.
- ___ Written permission for each girl to attend including emergency information, health history and permission for medical treatment carried throughout the trip.
- ___ An adult who is not attending the activity/trip is our emergency contact and has a complete itinerary, lodging and contact information for all participants, has an emergency procedures card and is willing to remain available for the duration of the trip/activity.
- ___ A completed Driver Information Form is attached for each person who will be driving unrelated girls to this activity/trip.
- ___ Pre-event review of safety and emergency guidelines will be done with all participants.
- ___ Each parent/guardian has the name and phone number for the emergency contact person.
- ___ Sufficient space will be reserved so that each girl will have her own bed.

I am aware of and agree to comply with all standards in *Safety-Wise* and GSMISTS policies and procedures for this outing. I understand that only approved outings following all guidelines with registered members of GSUSA are covered by basic plan insurance.

Signature of Group Leader/Advisor: _____ Date: _____

Email address for notification of approval: _____

FOR OFFICE USE ONLY

Date received: _____
 Received by: _____
 Submit to: MS, VI

Service Unit Director Endorsement

Date: _____ Signature: _____

- ___ Trip approved
- ___ Trip approval PENDING for the following: _____
- ___ Trip application not approved for the following reason: _____

GSMISTS Membership Staff Signature: _____ Date: _____