



TROOP TRIP APPLICATION/SERVICE UNIT EVENT FORM

DATE: _____

This form is to be filled out completely and submitted to the Service Unit at least 2 to 6 weeks prior to a trip, depending on the scope of the trip. No deposits are to be put on any trip until approval has been received from the Service Unit. For troop trips:

1. Trips that require any overnight stay.
2. Trip outside the State of New Jersey (even if a day trip).
3. Trips in which leased vehicles (buses, vans, etc.) will be used.
4. Trips to other countries must be submitted at least 6 months in advance to the nearest Service Center.
5. Troops do not need to fill out a trip form if attending a Service Unit event. Troops must put on SU trip log only.

For Service Unit Event or Trip:

1. Service Unit Event Coordinator for any Service Unit event or trip must complete this form. To be used when girls are attending a Service Unit event as a troop, an individual or with a family or parent.
2. This form must be in to Council at least two weeks before the event or trip. Please forward to your nearest Service Center.

SECTION 1: Type of Activity: (check one)

- Troop trip Service Unit Day Trip Service Unit Sensitive Issues Program Name _____
- Service Unit Simple Overnight Trip (1 or 2 nights) camping Service Unit Simple Overnight Trip (1 or 2 nights) Non-Camping
- Service Unit Extended Overnight Trip (3 or more nights)

Troop Number: _____ Program Level: _____ Service Unit: _____

Leader or Event/Trip Coordinator Name: _____

Address: _____ Town/City: _____ State: _____ Zip Code: _____

Phone (Day): _____ Phone (Evening): _____ E-Mail: _____

Number of Girls Attending: _____ Number of Adults Attending: _____

Number of Non-GS Children: _____ Number of Non-GS Adults: _____

Destination: _____ Address _____

Activity: _____

Departure Date/Time: ___/___/___ :___:___ AM/PM Return Date/Time: ___/___/___ :___:___ AM/PM

Number of Days/Nights: ___ Days ___ Nights (Trips of more than 2 nights require additional GSUSA insurance).

For Extended and International trips, please attach a copy of your proposed itinerary, including dates, daily activities, location of lodging, and mode of transportation.

SECTION 2: Budget A budget should be developed with girl input that will enable every girl to participate. If an additional money earning project is needed (other than Product Program), please submit an *Application for Money Raising Event/Activity* to your Service Unit Manager one month prior to your money raising activity.

SECTION 3: Transportation Meeting at event Private vehicle-car pool Public transportation (train, plane, bus)
 Chartered/rented vehicle (bus, van, car) (*Rented and Leased Vehicle* form must be completed & attached.)

A. If traveling by private vehicles(car pool): Person in charge of event must sign below that she/he will check to make sure all drivers are at least 21 years old, have a valid driver's license, all vehicles have the appropriate amount of seat belts and/or car seats, and the car is insured.

Sign & Print Name of approved leader of event/trip

Date

SECTION 4: Insurance (Plan 2 and Plan 3PI)

- Additional insurance is required for any trip of more than two nights. If non-Girl Scouts are participating in the approved trip/event additional insurance must be purchased for them. Contact the Newfield Service Center (1-800-582-7692) for current insurance information. This coverage must be applied and paid for at least 4 weeks prior to the trip.
- There are some trips or activities for which the Council requires proof of liability insurance from the business prior to trip approval. Please check our web site for list of approved businesses. If it is not a pre-approved site, please contact a GSCSNJ Service Center (1-800-582-7692) for information.

SECTION 5: Health and Safety

A. First Aider (please review Safety Activity Check Points to determine if a First Aider is needed- First Aider must have current Adult/Child CPR and First Aid Certifications (online certifications not accepted) NOTE: First Aider can NOT also be the overnight/camp certified person. Name _____

Please attach copy (front and back) of CPR AND First Aid Certifications If not registered/taken at Council

B. Troop or Service Unit Emergency Contact Person Not Traveling With the Troop: _____

Phone Number: _____ Cell Phone: _____

NOTE: The Emergency Contact Person must be given a completed *Troop or Service Unit Member Roster* prior to the date of the trip.

C. Will the girls be participating in any activity that requires the presence of an adult certified for that activity? This could include archery, rope courses, horseback riding, boating or swimming (including hotel pools). Refer to *Safety Checkpoints* for standards for all activities that are planned.

Does the facility provide the required certified adult(s)?

Activity: _____ Yes ____ No ____

Activity: _____ Yes ____ No ____

Activity: _____ Yes ____ No ____

If you are providing the certified adult(s), including lifeguards, please list below:

ACTIVITY	NAME	TYPE OF CERTIFICATION	EXPIRATION DATE

D. Please list camp certified or overnight certified adult: (NOTE: This cannot be the same person as First Aider.)

NAME	TYPE OF CERTIFICATION	DATE OF TRAINING/RE-CERTIFICATION

SECTION 6: I have read the necessary Safety Activity Checkpoints and have followed the appropriate safety standards for the activities planned in developing this trip. I understand that this trip may not be approved if all trip planning procedures and safety standards have not been met.

Leaders or Event/Trip Coordinator's Signature

_____/_____/_____
Date

Forward form to SUM or designee for review and approval, they will forward to Council.

COMMENTS:	APPROVED: <input type="radio"/> YES <input type="radio"/> NO
	_____/_____/_____ Date
	_____/_____/_____ Date

_____ Authorized Signature (SUM or designee)	_____ Email Address
_____ Authorized Signature (Council Staff)	