

After reviewing troop trip procedures, please submit this form 3 weeks before event (check as many as apply):

Over an hour away from regular meeting place (note that permission forms may still be needed for this activity)
 Sensitive Issues Overnights Swimming Horseback Riding
 Canoeing/Boating Camping High Risk Activities

Troop Identification

Troop # _____ Troop Level _____ County/Service Unit _____

Leader _____ Address _____

Street City State Zip

Telephone (Home) _____ (Work) _____ (Cell) _____

E-mail _____

Number of Participants: Girls _____ Adults _____

Attach a roster of participants, including addresses and phone numbers.

Day Only Activity (over 1 hour from meeting place)

Destination _____

Address _____

Street City State Zip

Purpose _____

Date _____ Departure Time _____ Return Time _____

Overnight/Extended Trip/Camping Description

Itinerary required (include information for every lodging location and major activity)

Final destination _____

General Description of Trip/Purpose	Activity/Lodging (name and address)	Telephone #	Date(s)	Approx. Time Arrival/Departure

Attach additional page(s) if needed. If traveling more than two (2) consecutive nights, your troop will need to secure additional insurance (see the Supplemental Insurance form).

Local Emergency Troop Contact (Required)

The emergency contact person remains in your home community and is required to have activity information and a participant roster for the trip.

Name _____

Telephone (Home) _____ (Work) _____ (Cell) _____

Safety Information (Please mark N/A on lines not applicable to your outing)

Person Holding the Appropriate Certification	Training & Organization (Red Cross, etc.)	Card Expiration Date
First Aid/CPR		
Level 2 First Aider		
Life Guard		
Small Water Craft/Canoe Trained Adult		
Leaving the Meeting Place		
Indoor Overnight		
Outdoor Skills Day Trips		
Outdoor Overnight		
Archery		
Other Required Certifications		

TRANSPORTATION (if using additional vehicles, please attach additional information)

Type of transportation ___ Car ___ Van ___ Bus ___ Train ___ Ship ___ Airplane ___ Other

All vehicles being used must submit the following (this includes trailers and towed vehicles).

Vehicle Owner _____ Phone # _____

Address _____

Year/Make/Model of Vehicle _____

Serial/VIN number _____ License plate number _____

Rental agency _____ Phone number _____

Reservation name _____

Type of transportation ___ Car ___ Van ___ Bus ___ Train ___ Ship ___ Airplane ___ Other

Vehicle Owner _____ Phone # _____

Address _____

Year/Make/Model of Vehicle _____

Serial/VIN number _____ License plate number _____

Rental agency _____ Phone number _____

Reservation name _____

If additional insurance is needed, compute your rate and enclose a check made payable to GSHG, Inc.

___ Additional insurance is not required

___ I have purchased additional insurance

<p>I have:</p> <p>___ Read the Activity Checkpoints for this activity in Safety-Wise.</p> <p>___ Attached certifications that are applicable</p> <p>___ Attached a roster of participants</p> <p>___ Attached request(s) for additional Insurance</p> <p>___ Secured all troop paperwork</p> <p>*copies of all certifications should be kept on file for a year</p>	<p>For office use only:</p> <p>Received date: _____</p> <p>Council Approval: ___ Granted ___ Denied</p> <p>Date confirmation card sent: _____</p> <p>_____</p> <p>Service Unit Director Signature Date</p> <p>_____</p> <p>Membership Rep/Director Date</p>
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I confirm that the information above is complete and accurate to the best of my knowledge.

Sign _____ Date _____