



## EXTENDED TRIP APPLICATION (PLEASE PRINT)

This form is to be completed for any overnight troop/group trips or camping of more than two consecutive nights in duration within or outside the Girl Scouts of the Sierra Nevada jurisdiction. For shorter trips, use the Short Trip/High Risk Activity Application Form.

Please complete all information and submit form to your Service Unit Manager at least six weeks prior to your trip to recommend approval, then to your Membership Specialist at least one month prior to the date of the trip.

### Troop/Group Information

Preliminary Extended Trip Application has been approved:  Yes  No

Troop #: \_\_\_\_\_ Program Level: \_\_\_\_\_ Service Unit: \_\_\_\_\_

Leader/Adult in charge:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Daytime phone: (\_\_\_\_) \_\_\_\_\_ Evening phone: (\_\_\_\_) \_\_\_\_\_

Basic Leader Certification training completed:  Yes  No Troop Camp Training completed:  Yes  No

Type of activity: Troop Trip  Troop Camping  Other  Please explain below.

# of girls participating: \_\_\_\_\_ # of adults participating: \_\_\_\_\_ # non members participating: \_\_\_\_\_

Date Leaving: \_\_\_\_\_ Date Returning: \_\_\_\_\_

Approximate Time: \_\_\_\_\_

Approximate Time: \_\_\_\_\_

Final Destination: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_

Name of First Aider: \_\_\_\_\_  Level I  Level II

First Aid Kit and appropriate insurance forms available:

### Emergency Contact Information

In case of emergency the troop will notify the following person who will be available by phone during the trip and who will have a list of names, addresses, and phone numbers of those attending:

Name:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Daytime phone: (\_\_\_\_) \_\_\_\_\_ Evening phone: (\_\_\_\_) \_\_\_\_\_

What is the purpose of this trip?

What activities are planned?

(over)

How are the girls and parents involved in planning this trip?

**Trip/Event Budget**

How will this trip be paid for? Please check all that apply and list amounts

- Trip Cost per person \$ \_\_\_\_\_ amount
- Earnings from council product sales \$ \_\_\_\_\_ amount
- Earnings from approved money-earning activities \$ \_\_\_\_\_ amount
- Family contributions \$ \_\_\_\_\_ amount

How many and what type of money earning activities are planned to support this trip/event?

Have all planned money earning activities been approved?  Yes  Application submitted pending approval

How will chaperon expenses be paid?

**Please list additional adults participating in trip:**

Name	Address	Phone	Registered Girl Scout

**Transportation Information: (check all that apply)**

Mode of Transportation: Private vehicles  Leased/Rented vehicles  Council vehicles  Commercial Carrier   
Please specify commercial carrier: \_\_\_\_\_ Private vehicle Evidence of Insurance On File  Attached

**Please list the following information on vehicles to be used:**

Make/Model of Vehicle	Year	Color	License Plate #	State Regist.	Registered Owner of Vehicle

Please list the following information on drivers and relief drivers:

Name	License #	State	Age	Driving Record _

**Readiness Checklist**

Checklist Items	Yes	No
Number of adults accompanying troop will constitute the correct girl/adult ratio:(See Program Standard 13, <b>Safety-Wise</b> pg. 39.)		
Girls and adult have participated or will have participated in pre-travel orientation		
Activity permission slips have been or will be obtained for each girl participating		
Girls and adults have identification cards		
Additional Activity Insurance has been purchased if necessary		
Non-registered Member Activity Insurance has been purchased if necessary		
Full trip itinerary is attached		

**Additional Checklist for High Risk Activities**

Description of Activity	Yes	No
Is there a health history and/or current medical examination record for each girl attending: (See Program Standard 3, Safety-Wise pgs. 32-33.)		
Swimming	Adequate number of lifeguards and watchers have been arranged	
	Each girls' swimming ability has been tested	
Boating	Personal Floatation Devices are available for each person	
	Above swimming requirements have been meet	
Horseback riding	Each girl has protective head gear with safety harness and boots/shoes with heels	

**Safety-Wise Statement:** I have read **Safety-Wise** and will meet all requirements for the trip/activity planned. I will see that all health and safety standards are followed.

Troop Leader: \_\_\_\_\_ Date:

**Approval**

\_\_\_\_\_  
Approval of Service Unit Manager Date:

\_\_\_\_\_  
Approval of Membership Specialist Date:

**Girl Scouts of the Sierra Nevada**



