

# Basic Trip Application

for any trip/travel **UP TO TWO** nights  
Must be submitted **TWO WEEKS** before trip

A **Basic Trip** is defined as any activity/trip outside of your normal troop/group meeting time or place AND/OR any overnight trip up to 2 nights. This form must be completed for all Basic Trips and submitted to your Membership Manager at least **TWO WEEKS** prior to the activity or trip.

(Any trip/travel lasting more than 2 nights is defined as an **Extended Trip** which requires a separate Extended Trip process. Please go to [www.gsdsw.org](http://www.gsdsw.org) or contact your Membership Manager for more information.)

Leader Name \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Service Unit \_\_\_\_\_ (5 digit) Troop# \_\_\_\_\_

How many girls are registered? \_\_\_\_\_ Grade Level(s)  D  B  J  C  S  A

## 1. Trip/Travel Details

- o Number of registered girls going on trip? \_\_\_\_\_ Number of adult volunteers\* going on trip? \_\_\_\_\_
- o Destination (where are you going?) \_\_\_\_\_
- o Activities Planned \_\_\_\_\_
- o Date of Departure \_\_\_\_\_ Date of Return \_\_\_\_\_
- o Itinerary

Date(s)	Arrival Time	Departure Time	Departure/Arrival Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Please check box if **Safety Activity Checkpoints** requirements have been met for this activity   
Which checkpoints in the SAC book did you use as a reference for this trip/activity? \_\_\_\_\_

## 3. Let's Go! Trips & Travel 301 training

List volunteer(s)\* who have taken **Let's Go! Trips & Travel 301** training AND will be going on this trip.  
Name \_\_\_\_\_ Date taken \_\_\_\_\_

## 4. Let's Camp! Outdoor Camp 401 training

- o Will you be camping\*\* on this trip?  Yes  No
- o If yes, list adult volunteer\* who has taken **Let's Camp! Outdoor Camp 401** training AND will be going on trip? Name \_\_\_\_\_ Date taken \_\_\_\_\_

5. **Additional adult volunteers\* accompanying troop.** Please remember that only those adult volunteers\* required to fill your adult-to-girl ratio may be paid for out of troop/group funds. Any other adult volunteers\* wishing to go on trips must pay for their own way. If additional adult volunteers\* are going, a copy of the deposit slip or check for their expenses must be included in financial paperwork.

Name \_\_\_\_\_ email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ email \_\_\_\_\_ Phone \_\_\_\_\_

\*A **volunteer** is defined as an adult who has successfully completed a Volunteer Application, Criminal Background Check, and is a current registered Girl Scout member.

\*\* **Camping** is defined as any activity in which Girl Scouts sleep overnight in the outdoors or in facilities at an established campground.

6. **Emergency Contact Person** (person to call in an emergency who is NOT at the activity or function; this person should have all pertinent information to assist in case of an emergency)  
Name \_\_\_\_\_ email \_\_\_\_\_ Phone \_\_\_\_\_

7. **First Aider**  
List the adult volunteer\*, certified in First Aid/CPR, who will accompany your troop on this activity/trip.  
Name \_\_\_\_\_ email \_\_\_\_\_ Phone \_\_\_\_\_

8. **High Risk Activities**

- Does this trip require supplemental parental permission for high-risk activities?  Yes  No
- If yes, why? \_\_\_\_\_
- If yes, has this supplemental permission been obtained for all girls?  Yes  No

9. **Supplemental Insurance**

- Are non-registered Girl Scouts (tagalongs) participating in this trip/activity?  Yes  No
- If yes, has additional insurance been obtained as required?  Yes  No

10. **Check type of transportation to be used for activity/trip.**

private vehicle                       each parent transports                       leased or rented

(If renting, company name and phone # of leased or rented vehicle \_\_\_\_\_ )

11. **If private vehicle, give driver's information.** (All drivers must be adult Girl Scout volunteers\*.)

Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Drivers License# \_\_\_\_\_ State \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Policy # \_\_\_\_\_ exp. Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Drivers License# \_\_\_\_\_ State \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Policy # \_\_\_\_\_ exp. Date \_\_\_\_\_

**Additional comments**

\_\_\_\_\_  
\_\_\_\_\_

**Submitted by** \_\_\_\_\_ **Date** \_\_\_\_\_

**Membership Manager approval** \_\_\_\_\_ **Date** \_\_\_\_\_

**Remember to bring the following document/resources with you on your trip or activity.**

- Health History Records
- GSDSW Emergency Procedures
- All applicable permission slips and troop rosters (with emergency contact information)
- First Aid kit
- Any relevant section(s) from Safety Activity Checkpoints

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