



Girl Scouts.
Girl Scouts of the Desert Southwest
Field Trip & Overnight Notification Form

Use this form for any activity outside of your normal meeting time or place, field trip 0-100 miles and/or basic overnight not to exceed 1 night. This form must be submitted to your Membership Manager TWO WEEKS prior to the activity. Any event or trip requiring extra insurance (**exceeding two nights and/or 499 miles**) must complete a **Trip Planning Application 6 (six) weeks prior to the activity for the *Extended Trip***.

Leader's Name: _____ Address: _____

Home Phone: _____ Work Phone: _____ Cell#: _____

Service Unit: _____ (5 digit) Troop#: _____

Age Level: D B J C S A Number in attendance ratio: Adults: _____ Girls: _____

Activity and location(address and phone if available): _____

A.	<u>Date(s)</u>	<u>Arrival Time</u>	<u>Departure Time</u>	<u>Departure/Arrival Location</u>
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

B. Please check box if all Safety-Wise standards and requirements have been met for this activity:

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

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

D. Check Type of Transportation to be used for activity:

private vehicle _____ each parent transports _____ leased or rented _____

(company name and telephone # of leased or rented vehicle _____)

E. If private vehicle, give driver's information:

Name _____

Name _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Drivers License# _____ State _____

Drivers License# _____ State _____

Insurance Company _____

Insurance Company _____

Policy # _____ exp. Date _____

Policy # _____ exp. Date _____

F. Troop (at home) Emergency Contact Person: _____

Phone# _____

G. Additional comments: _____

Submitted by: _____ Date: _____

Membership Manager approval: _____ Date: _____

REMEMBER TO BRING: Health histories, permission slips, first aid kit, and Safety Wise.