

SERVICE UNIT TRIP APPROVAL FORM

Use this form for:

- Change in regular troop meeting location, day and/or time. For day trips with and without risk and 1-to-3-night overnight trips which include holiday weekend with or without risk activities within Council boundaries: DE, Washington D.C., KY, MD, OH, PA, VA, WV and Northeast NC (our council boundary).
- Submit two weeks prior to departure.

Trip Destination

| | | | | | |
|---------------------------|--|--|-------|-----|-------|
| Check activity: | <input type="checkbox"/> Trip <input type="checkbox"/> Camping | Trip/Camp Activity Dates: / / through / / | | | |
| Destination Name | | | | | |
| Address | | | | | |
| | Street | City | State | Zip | Phone |
| Troop # | Service Unit # | Troop/Group Girl Scout Grade Level(s): | | | |
| Troop Leader/ Trip Leader | | Email | Phone | | |
| Emergency Contact | | Phone | | | |

Participant Information

| | | | | | | | |
|---------------------------------|---|------------------------|--|-----------------------|--|------------------------|--|
| # of registered girls | | # of registered adults | | # of non-member girls | | # of non-member adults | |
| Non-member participants | Has additional insurance been purchased? (Must be purchased at least two weeks in advance of trip. If not submitted before deadline, the order may not be processed, which will delay trip approval.) | | | | | | |
| Certificate of Insurance | Is a Certificate of Insurance on file? (Request forms must be submitted at least two weeks in advance of trip.) | | | | | | |

Adult Leadership

| | | |
|---|------------|---|
| First adult who has completed all required training and is attending | | |
| Second adult who has completed all required training and is attending | | |
| First Aider (must be registered GS) | | <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 |
| Type of First Aid CPR Certification | Expiration | |

Trip/Camp Activity Plans - Review and follow [Safety Activity Checkpoints](#) for each activity.

Certified/qualified adults who will be supervising the below activities (attach copies of certification)

| | | | |
|---|--|----------------------|--|
| Activity | | Certified Adult Name | |
| Type of Certification | | Expiration Date | |
| Activity | | Certified Adult Name | |
| Type of Certification | | Expiration Date | |
| <input type="checkbox"/> Check here if any activities will be conducted through contracting an individual or company providing equipment, instructors, or program. (Examples: guides, outfitters, touring company, rental agency, etc.) A Certificate of Insurance must be requested if one is not on file. Refer to approved vendor list . | | | |

Transportation

| | |
|-------------------------------|--|
| Mode of Transportation | |
| Accommodations | |

Budget

| | | | | | | | |
|-------------------|----|----------------|----|-----------|----|----------------------|----|
| Transportation | \$ | Accommodations | \$ | Insurance | \$ | Total cost per girl | \$ |
| Tickets/admission | \$ | Food/meals | \$ | Emergency | \$ | Total cost per adult | \$ |

AGREEMENT: I am aware of applicable GSCCC and GSUSA policies, standards and guidelines found in [Volunteer Essentials](#) and [Safety Activity Checkpoints](#) and agree to follow them.

| | | | |
|---|--|------|--|
| Signature of troop leader/ trip leader | | Date | |
| Approval signature of service unit program consultant or designee | | Date | |