

Travel/Camp Application

This application needs to be completed and turned in 4 to 6 weeks prior to event.

Troop # _____ Service Unit _____ Age Level: B J C S # of Registered Girls _____

Leader Name _____

_____ Day Phone _____ Evening Phone _____

Address _____ City _____ State _____ Zip _____

Stay at Home Emergency Contact Person: _____

_____ Day Phone _____ Evening Phone _____

A. Proposed Trip Information

Destination _____

of Girl Participants: _____ # of Adult Participants: _____ # of Tagalongs: _____ Tagalong Ages From: _____ to _____

Additional Accident Insurance Purchased: Yes No (NOTE: required for non-members and for trips lasting 3 nights or more.)

Approximate # of miles round-trip: _____ # of Days: _____ Dates of Trip (days/month/year): _____

Method(s) of transportation: _____

If Renting Transportation: What Company? _____ What type vehicle? _____

(If going by bus, contact the council office for specific requirements.)

Is the company insured? Yes No Who is the insurance carrier? _____

Amount of insurance coverage? _____ Note: Please attach proof of Rental Company's Insurance. Verify proof of insurance and valid driver's license for each driver.

If Traveling In Personal Vehicles: Owner must carry public liability insurance as required by law. Verify proof of insurance and valid driver's license for each driver.

First Aid/CPR Certified Individual(s): _____ Expiration Date: _____

Accommodations: Name of accommodations (camp, hotel, private home, etc.): _____

If Camping, describe campsite accommodations: _____

Name of Council Certified Troop Camper: _____

Activity Plans

Proposed Activities: _____

Will Outside Consultants or resources be involved? Yes No (complete section B on reverse side of form)

Explain: _____

Will "hold harmless" agreements be required? (This is an agreement that must be signed by a legal guardian and releases the location/company from liability should an injury occur.) Yes No If yes, please attach copy.

Will the girls be swimming in a pool, lake, stream or river? Explain: _____

Current American Red Cross Certified Lifeguard(s): _____ Exp. Date: _____

B. Proposed Unusual Risk Activity Information

(Complete this section only if Troop plans to participate in a specialized program activity requiring supervision by a skilled person and/or that requires injury protection equipment such as helmets, goggles or padding.)

Site: _____ Activity: _____

Address of Site: _____
City State Zip

Site owner/manager: _____ Site/Manager Phone: (____) _____

Expert instructor(s): _____ Certificate Held: _____ Expires: _____

Experience _____

Will site provide a copy of their certificate of insurance? Yes No

Attach any contract, waiver or release of liability required by site for approval.

Special skills needed by participants: _____

Describe prior experience of participants for this activity: _____

Describe preparations that Troop will make for this experience: _____

Safety equipment required for activity: _____ Supplied by: _____ Inspected by: _____

C. Planning for Proposed Trip

Has your Troop reviewed Safety-Wise in your planning? Yes No

Number of adults required by Safety-Wise for your specific trip? _____ # of adults attending: _____

Other Adults Attending: (include address and phone number) _____

Various hospitals/doctors require specific information/permission slips before treating minors. You must call the Medical facility and find their current requirements. What provisions have been made for medical emergencies? (list doctor or hospital you have contacted and will use – be sure and include the name, address, and phone number): _____

I have read the activity checkpoints in Safe-Wise for this activity and will assure Troop complies with them.

Troop Leader Signature

Date

Trip Budget (estimated cost of Trip):

Transportation: \$ _____

Food: \$ _____

Insurance: \$ _____

Lodging: \$ _____

Total: \$ _____

Approximate cost per person: \$ _____

is prepared for each person.

How are you earning money for this trip?

Please attach a copy of your planned itinerary which

What responsibilities are the girls and adults assuming for this trip? _____

Girls Signature

Date

Troop Leader Signature(s)

Date

Approval Date: _____ By: _____
Signature of Service Unit Manager or Designee Title

Disapproved: _____ Reason: _____

Approval Date: _____ By: _____
Signature of CEO Designee Title