



Girl Scout Council of the Southern Appalachians

Day Trip Application

Please send in this original form to your Service Unit Manager for approval. The Service Unit Manager will forward the application to the Service Center **two weeks** prior to the event for approval. Approval letter and copy of approved application will be returned to the troop leader. The service unit manager will be mailed a copy of the approval letter.

1. Leaders, assistant leaders, drivers and trip chaperones (adults included in the girl adult ratio) are required to submit the form for the IntelliCorp Records, Inc. criminal records check. Those persons transporting passengers in excess of seven (7) in their personal vehicle must provide, with the volunteer application, a driving record from the state in which they are currently licensed.
2. **Application is due two weeks before departure for approval.**
3. Please remember if non-member participants are traveling with your troop, your troop will need to purchase Plan 2 Insurance, available upon request.

Application Date _____ SU# _____ Troop # _____ Activity Date _____

Activity _____ Destination _____

Leaders Name _____ Phone # _____ Cell _____

Address _____

Adult in Charge (if leader not attending) _____ Phone # _____

Number of people attending in each group K-1 (Daisy): _____ Grade 2-3 (Brownie) _____

Grade 4-5 (Junior) _____ Grade 6-8 (Cadette) _____ Grade 9-10 (Senior) _____

Grade 11-12 (Ambassador) _____ Adults _____ Non-members _____

Emergency Contact (not on trip) _____ Phone # _____

Address _____

Qualified First Aider Name _____ First Aid _____ CPR _____

Name of certified lifeguard (all water activities) _____

Safety Wise requires the certificate number of each lifeguard _____

Outdoor Adult (for all activities) _____

Name of local hospital _____ Number of local hospital _____

Does the Site meet the applicable standards as described in Safety-Wise? _____

Transportation: _____ Private Car _____ Rental _____ Commercial _____ Other(please specify) _____

(This information must be complete)

Driver	Auto License Tag #	Driver's License #	Insurance Company	Policy #

Service Unit Manager Signature

Date

This application has been approved: _____ Yes _____ No _____ Tentative

Comments: _____

Authorized Council Signature

Date

This application has been approved: _____ Yes _____ No _____ Tentative

Comments: _____

Itinerary for Trips

Please fill in a line for each destination
BE SPECIFIC! If more space is need, please attach an additional page.

Date	Destination	Time of Departure	Time of Arrival	Phone Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Roster of All Those Attending

Name	G/A	Address (include City, State, and Zip)	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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