



Girl Scouts.



TROOP ACTIVITY/TRIP NOTIFICATION FORM

- Instructions: 1. Complete Section 1. This section is required for all activities and trips. Identify type of activity to determine which additional sections need to be completed.
2. Complete all additional required sections and mail to the Girl Scout Center.

Section 1 – Required for all activities/trips.		
Service Unit Name: _____	Service Unit #: _____	Troop #: _____
Name of Adult Advisor: _____		
Address: _____	Phone (h): _____	
City: _____	State: _____	Zip: _____
E-mail address: _____		Cell phone: _____
Age Level: <input type="checkbox"/> Daisy <input type="checkbox"/> Brownie <input type="checkbox"/> Junior <input type="checkbox"/> Cadette <input type="checkbox"/> Senior <input type="checkbox"/> Ambassador		
Are all participants members? <input type="checkbox"/> Yes <input type="checkbox"/> No		
# of girls: _____	# of adults: _____	If not, special activity insurance is needed.

Type/Length of Activity/Trip	Turn in form no later than	Complete additional sections
<input type="checkbox"/> High Risk Activity (Horseback riding, water activities other than swimming)	1 month prior to date of activity	Sections 2, 3
<input type="checkbox"/> Day activity – over 60 miles-100 miles (outside of normal meeting space)	1 month prior to date of activity	Sections 2, 3
<input type="checkbox"/> Overnight trips-less than 100 miles	1 month prior to date of activity	Sections 2, 3, 4, 5, 6
<input type="checkbox"/> Day/Overnight over 100 miles	3 month prior to date of activity	Sections 2, 3, 4, 5, 6
<input type="checkbox"/> Trip budget per person exceeds \$200	6 month prior to date of activity	Sections 2, 3, 4, 5, 6
<input type="checkbox"/> Trips three nights or more	3 months prior to date of activity	Sections 2, 3, 4, 5, 6
<input type="checkbox"/> International Trip	Contact your Program Services Specialist	

Section 2 - Activity Information - Required	
Name of Activity/Trip: _____	Date(s): _____
Name of Facility: _____	Facility Phone: _____
Facility Address: _____	
Name of Qualified First Aider: _____	Certification Type: _____
Will you be: <input type="checkbox"/> Horseback riding <input type="checkbox"/> Swimming <input type="checkbox"/> Boating <input type="checkbox"/> Skiing <input type="checkbox"/> Caving <input type="checkbox"/> Other	
Name of lifeguard if swimming/boating: _____	
High Risk Activity form completed for each girl (if needed)? <input type="checkbox"/> Yes <input type="checkbox"/> No (Keep these with you.)	
Certificate of Insurance on file at the Girl Scout Center? <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for all High Risk activities.)	
Have you purchased additional insurance (if needed)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 3 - Transportation

Mode of transportation

- Private vehicle Leased/rented vehicle Chartered bus Train Plane - Flight Number: _____

Troop leader has verified that all trip drivers meet the requirements of the Volunteer Driver Policy.

List Trip Drivers:

Driver #1: _____

Driver #2: _____

Driver #3: _____

Driver #4: _____

Section 4 – Trip Information

Time & Date of Departure: _____ Time & Date of Return: _____

Trip Itinerary: Please list all major activity locations, hotels, etc. Use additional sheet of paper if necessary.

Location	Date(s)	Activity	Phone #	Certificate of Insurance
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5 – Emergency Contact Information

Emergency contact on the trip - Where you can be reached on the trip	Emergency contact person at home, while you are gone
Name: _____	Name: _____
Phone #(s): _____	Phone #(s): _____
Address: _____	Address: _____

Section 6 - Money

Total Trip Cost				
# of girls:	X	\$	=	\$
# of adults	X	\$	=	\$
Total cost:				\$

If the cost per individual is \$200 or more, troops must also submit a *Troop Trip Budget Worksheet*.

Income Sources

Cost covered by parents:	\$ _____	X	# of girls:	_____	=	Total:	\$ _____
Amount girls will raise individually:	\$ _____	X	# of girls:	_____	=	Total:	\$ _____
Total cost covered through troop/group money-earning activities:						Total:	\$ _____
Other sources of income for trip:	_____					Total:	\$ _____
How long has troop been involved in money earning for trip?	_____					Total Income:	\$ _____
Does yearly troop financial report reflect income and expense for this trip? <input type="checkbox"/> Yes <input type="checkbox"/> No							

Trip Budget

Expenses			Income		
Item	Projected	Revised	Item	Projected	Revised
Food	\$ _____	\$ _____	Money Earning #1	\$ _____	\$ _____
Lodging	\$ _____	\$ _____	Money Earning #2	\$ _____	\$ _____
Travel	\$ _____	\$ _____	Money Earning #3	\$ _____	\$ _____
Entry Fees	\$ _____	\$ _____	Council Product Sales	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	Sponsors	\$ _____	\$ _____
Other	\$ _____	\$ _____	Parents/Guardians	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____	TOTAL:	\$ _____	\$ _____

Signature - Council Representative: _____ Approval Date: _____