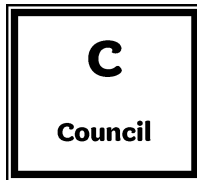




# TRIP APPLICATION FOR EXTENDED TRIPS

(EXCEEDS 2 CONSECUTIVE NIGHTS OR OVER 150 MILES)



**INS INSTRUCTIONS FOR VOLUNTEERS:** Please complete the application and forward to your Service Unit Manager and GSWRC Program Department. **Extended insurance**

**must be purchased for all participants. Request for additional insurance must be submitted with the appropriate fee and included with this application.** You will be notified of the status of your request. This form must be approved before girls proceed with further planning.

### VOLUNTEER INFORMATION:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Tel Day: \_\_\_\_\_ Tel Eve: \_\_\_\_\_  
Email: \_\_\_\_\_

### TROOP INFORMATION:

Service Unit: \_\_\_\_\_ Troop #: \_\_\_\_\_  
Program Level(s): Daisy Brownie Junior Cadette Senior Ambassador  
Total Number of Participants: \_\_\_\_\_ Registered Girls: \_\_\_\_\_ Registered Adults: \_\_\_\_\_ Non-Registered Person(s): \_\_\_\_\_

### TRIP INFORMATION:

Name of Place: \_\_\_\_\_ Tel: \_\_\_\_\_  
Location Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_ Departing Location: \_\_\_\_\_  
Return Date: \_\_\_\_\_ Time: \_\_\_\_\_ Departing Location: \_\_\_\_\_  
Traveling By: \_\_\_ Private Car \_\_\_ Rental Van or Car \_\_\_ Charter Bus \_\_\_ Other Transportation: \_\_\_\_\_  
Name of Rental or Bus Company (if applicable): \_\_\_\_\_  
Description of High Risk Activities (if applicable): \_\_\_\_\_

**NOTE:** Make sure parent permission forms are collected prior to the trip, and Girl Health History forms are available to the first aider on the trip. If High Risk Activities are scheduled, include all participant's high-risk activity forms with this application.

**EMERGENCY HOME CONTACT:** Our contact person below will have a complete Trip Participant List including the names, addresses, and phone number of all participants. **This person must be someone who is not attending the trip.**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Tel Day: \_\_\_\_\_ Tel Eve: \_\_\_\_\_  
Email: \_\_\_\_\_

**Girl Scouts of Kentucky's Wilderness Road 2277 Executive Drive Lexington, KY 40505  
Tel: 800-475-2621 Fax: 859-299-3692 www.gskentucky.org**

# TRIP APPLICATION FOR EXTENDED TRIPS (CONTINUED)

**ADULT SUPPORT AND CERTIFICATION:** The Adults listed below are participating on this trip and have completed the necessary training for this trip. (Please attach a copy of this certification):

Adult Leading trip if someone other than Troop Mentor: \_\_\_\_\_

Certified First Aider attending Trip: \_\_\_\_\_

Adult with Troop Camp Certification: \_\_\_\_\_

Adult who has completed Planning Trips with Girl Scouts (If trip is an overnight): \_\_\_\_\_

**DRIVER INFORMATION:** All adults who will be transporting girls other than their own daughters must be a registered member of Girl Scouts of Kentucky's Wilderness Road, and have a current background check.

	Name	Drivers License #	Insurance Co.	Policy #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

**BUDGET INFORMATION:**

No. of girls registered in troop: \_\_\_\_\_ Troop treasury will pay: \_\_\_\_\_

No. of girls participating in the trip: \_\_\_\_\_ Participant will pay: \_\_\_\_\_

Total cost per person: \_\_\_\_\_

**ADDITIONAL INSURANCE:**

To request Extended Insurance, attach Additional Insurance Form with full payment to your trip application.

**CHECKLIST FOR TRIP APPROVAL:**

**WE HAVE:**

- \_\_\_\_\_ Used the Planning Trips with Troops information planning
- \_\_\_\_\_ Used [Safety Activity Checkpoints](#) publication and other appropriate activity checklists
- \_\_\_\_\_ Involved troop members in planning

It is recommended that all trips relate to a program activity. How does this trip relate to your program level?

\_\_\_\_\_

I understand providing misinformation could result in the trip not being covered by Girl Scout Activity Insurance and could increase personal liability. Additionally, I have read and understand GSWRC Trip procedures and policies.

Troop Mentor/Trip Organizer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TRIP APPLICATION APPROVAL:** This application has been reviewed and approval as appropriate by:

Service Unit Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Girl Scouts of Kentucky's Wilderness Road 2277 Executive Drive Lexington, KY 40505  
Tel: 800-475-2621 Fax: 859-299-3692 www.gskentucky.org**