



Application Troop/Group Trips (Overnight, Out of State & High-Risk\*)

SU # \_\_\_\_\_ Troop # \_\_\_\_\_

THIS FORM MUST BE COMPLETED FOR ANY ACTIVITY SCHEDULED FOR A TIME OR PLACE DIFFERENT THAN THE REGULARLY SCHEDULED TROOP MEETING TIME OR PLACE. A COMPLETED COUNCIL TROOP/TRIP ROSTER MUST ACCOMPANY THIS FORM.

Day Trips: Submit this form to your Service Unit Manager two (2) weeks prior to the trip. There is no need to submit it to Girl Scouts Heart of New Jersey. COMPLETE THE ROSTER OF PARTICIPANTS ON THE REVERSE SIDE OF THIS FORM.

For Day Trips Involving Risk\* Related Activities and Overnights (up to 2 nights): Complete this form, secure signature of your Service Unit Manager, submit the form to Council one (1) month prior to the trip. Risk Related Activities include, but are not limited to: Aquatic Activities, Archery, Backpacking, Boating, Challenge Course, Hayride, Horseback Riding, Winter Activities, Rafting/Tubing; Parade Floats.

Extended Domestic Trips (3 plus nights): Contact your Council Field Executive six to twelve months prior to departure.

For International Trips: Contact your Council Field Executive twelve to eighteen months prior to departure.

Adult/Leader/Coordinator \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Facility (activity/destination) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Type of trip: \_\_\_\_\_ Day (no risk) \_\_\_\_\_ Day (high risk) \_\_\_\_\_ Overnight \_\_\_\_\_ Extended \_\_\_\_\_

Depart date: \_\_\_\_\_ Return date: \_\_\_\_\_ Accommodation Type \_\_\_\_\_

Number of: Daisies \_\_\_\_\_ Brownies \_\_\_\_\_ Juniors \_\_\_\_\_ Cadettes \_\_\_\_\_ Seniors \_\_\_\_\_ Ambassadors \_\_\_\_\_

Roster: Include names and phone numbers of girls and adults. Indicate drivers (must be 21 years or older). See attached sheet. Roster must be submitted prior to trip; if roster is to follow, please indicate that on the reverse side of this form.

At Home Emergency Contact Name: \_\_\_\_\_

Phone (24 hour emergency) \_\_\_\_\_

Address \_\_\_\_\_

Transportation:

Private passenger vehicles \_\_\_\_\_ Chartered bus \_\_\_\_\_ Leased vehicle \_\_\_\_\_ Other (specify) \_\_\_\_\_

Auto Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Exp. date \_\_\_\_\_

PLEASE NOTE: Only GSHNJ CEO may sign ANY contract, including chartered bus or leased vehicles.

Budget: Approximate cost of trip is \$ \_\_\_\_\_ Cost per girl is \$ \_\_\_\_\_ Amount to be raised by troop \$ \_\_\_\_\_

How will money be raised? \_\_\_\_\_

Have Money Earner Forms been submitted? Yes \_\_\_\_\_ No \_\_\_\_\_

\*High Risk as defined in Safety-Wise

Table with 2 columns: Check all that apply: and options: Camping Trip, Non-Camping Trip, SU Trip, SU Camporee, Out of State, Day Trip, Overnight Trip, High Risk Activity

**Include copies of all certifications.**

Outdoor Certified Adult    Male \_\_\_\_\_ Female \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Type of Certification \_\_\_\_\_

Date Received \_\_\_\_\_

Exp. Date \_\_\_\_\_

Current First Aider/CPR    Male \_\_\_\_\_ Female \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Certification Exp. Date \_\_\_\_\_

MD/RN/LPN Lic.# \_\_\_\_\_

*(Include license number only, no photocopies)*

Certified Life Guard    Male \_\_\_\_\_ Female \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Type of Certification \_\_\_\_\_

Date Received \_\_\_\_\_

Exp. Date \_\_\_\_\_

**I have read all pages in Safety-Wise pertaining to this trip and confirm that the plans conform to Safety-Wise & GSUSA policies and guidelines**

Leader \_\_\_\_\_

*Signature*

SU Manager Signature \_\_\_\_\_

Field Executive \_\_\_\_\_

Girl Scouts Heart of New Jersey 908-518-4400

Eastern Service Center  
120 Valley Road  
Montclair, NJ 07042  
F 973.746.4163

Western Service Center  
1171 Route 28  
North Branch, NJ 08876  
F 908.725.4933

Central Service Center  
201 Grove Street East  
Westfield, NJ 07090  
F 908.232.2140



