



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: _____ Phone (w): _____
 E-mail address: _____ Cell phone: _____
 Age Level: Daisy Brownie Junior Cadette Senior Ambassador
 Are all participants members? Yes 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	Section 2, 3
<input type="checkbox"/> Day activity – over 30 miles-100 miles (outside of normal meeting space)	1 month prior to date of activity	Section 2, 3
<input type="checkbox"/> Overnight trips-less than 100 miles	1 month prior to date of activity	Section 2,3,4,5,6
<input type="checkbox"/> Day/Overnight over 100 miles	3 month prior to date of activity	Section 2, 3,4,5,6
<input type="checkbox"/> Trip budget per person exceeds \$200	6 month prior to date of activity	Section 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: Horseback riding Swimming Boating Skiing Caving Other
 Name of lifeguard if swimming/boating: _____
 High Risk Activity form completed for each girl (if needed)? Yes No (keep these with you)
 Certificate of Insurance on file at the Girl Scout Center? Yes No (required for all High Risk activities)
 Have you purchased additional insurance (if needed)? Yes 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 as printed in Section B of the *Volunteer Resource Disc.*

If using private or leased vehicles please list drivers below and submit proof of insurance to the Girl Scout Regional Office.

Section 4 – Trip Information

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

Trip Itinerary: Please list all major activity locations and 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 \$300 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: _____