

GIRL SCOUTS OF MONTEREY BAY

TRIP APPLICATION FORM

FOR ALL TRIPS, complete both sides of the form and submit to your Service Unit Manager prior to the trip. If you do not have a Service Unit Manager, your trip is more than three nights or 250 miles from home, please forward the form to your Membership Development Director at the Girl Scout Service Center.

Name of Leader: _____ Date of Application: _____

Day Phone: (____) _____ Evening Phone: (____) _____

Address: _____ City _____ Zip: _____

Service Unit: _____ Troop#: _____ Age Level: _____ # Attending: _____ Girls _____ Adults

Date of Trip: From _____ To _____ Check type of trip: _____ Meeting Time Trip _____ Overnight Trip

Destination/Site: _____

Address: _____ City: _____ ZIP: _____

Location of emergency phone nearest to site: _____ Phone # (____) _____

Nearest hospital, urgent care center, and/or doctor: _____ Phone# (____) _____

At home emergency contact: _____

Day Phone: (____) _____ Evening Phone: (____) _____

Transportation: #Private car(s) _____ Bus _____ Other type _____ Renting/Leasing Vehicle _____

Note: Rented or leased vehicles must be approved by Director of Risk Management, Council Service Center

Depart from: _____ Time: _____

Return to: _____ Time: _____

Adult in charge, if other than leader _____ Phone: (____) _____

Planned Activities: _____

CHECK Safety Wise to find out if any of the following are required for your trip. Complete appropriate spaces.

- First Aider _____ Phone(____) _____
Date first aid training completed: _____ Date CPR training completed _____
• Lifeguard _____ Phone (____) _____
Type of certificate _____ Date lifeguard training completed _____
• Troop Camp Certified Adult _____ Phone (____) _____

Approved by: _____ Date: _____

Service Unit Manager or MDD

Please complete the following information for all girls who are participating in the trip.

	Name	Phone	Age	Address, City, Zip
1.	_____	_____	___	_____
2.	_____	_____	___	_____
3.	_____	_____	___	_____
4.	_____	_____	___	_____
5.	_____	_____	___	_____
6.	_____	_____	___	_____
7.	_____	_____	___	_____
8.	_____	_____	___	_____
9.	_____	_____	___	_____
10.	_____	_____	___	_____
11.	_____	_____	___	_____
12.	_____	_____	___	_____
13.	_____	_____	___	_____
14.	_____	_____	___	_____

Please complete the following information for all adults who are participating in the trip

	Name	Phone	Address, City, Zip
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____