



**Girl Scouts Heart of New Jersey
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.

Check all that apply:	
<input type="checkbox"/>	Camping Trip
<input type="checkbox"/>	Non-Camping Trip
<input type="checkbox"/>	SU Trip
<input type="checkbox"/>	SU Camporee
<input type="checkbox"/>	Out of State
<input type="checkbox"/>	Day Trip
<input type="checkbox"/>	Overnight Trip
<input type="checkbox"/>	High Risk Activity

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

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 _____
