Girl Scouts of NOARK Council, Inc.

TRAVEL/ACTIVITY FORM

Form Expires September 1, 2008

- Complete this form for *any* overnight trip of 1 or 2 nights.
- This includes Council sponsored or Service Unit sponsored overnight trips.
- ***Or*** a day trip that includes an activity(s) requiring a specially trained/certified adult.
- Submit the completed form to your Membership Specialist for approval 4 weeks prior to the activity.
- Trips of 3 nights or more need to submit the Intent to Travel form 5 months prior to the trip.

Troop #:	Service Unit:	Troop/Group Age Level: ☐ D ☐ B ☐ J ☐ Older Girl
Leader's Name:	Phone #: ( )	Email:
Address:	City:	Zip:

TRAVEL/TRIP INFORMATION

Trip Destination:	
Departure: *Date/Time*	Return: *Date/Time*
Lodging:	Lodging Phone #: ( )
Purpose of Trip & Activities Planned (i.e. swimming, tours, etc.)	

_____**Total # Attending** *Indicate # of people attending by category.*

Daisy_____ Brownie_____ Junior_____ Older Girl_____ Adult Female_____ Adult Male_____ Non-GS Children_____

You must provide extra adult(s) in addition to the girl/adult ratio who will be responsible for non-GS children.

# of Vehicles _____ Are you renting or leasing a vehicle? ☐ yes ☐ no

Total # of Seat Belts _____ ***If yes, the Council's Executive Director must sign all contracts including vehicle rental agreements.***

REQUIRED FOR ALL TRIPS

First Aider Name: Phone # Day ( ) Evening ( )

Date of Certification: First Aid Training _____ CPR Training _____

Or check current license: ☐ RN ☐ LPN ☐ Physician ☐ EMT ☐ PA ☐ Paramedic ☐ NP

Emergency Contact Name: Phone # Day ( ) Evening ( )

ACTIVITIES THAT REQUIRE SPECIALLY TRAINED /CERTIFIED ADULTS

Camping: Type of Camping Planned. Please Check: ☐ backyard in tents ☐ cabins ☐ tents ☐ backpacking

Adult who has completed Outdoor Skills Course: Name of Course _____

Name: Phone #: Day ( ) Evening ( )

Other Activities (please check): ☐ Tubing ☐ Water Skiing ☐ Boating ☐ Archery ☐ Swimming ☐ Ropes Course ☐ Rafting ☐ Sailing ☐ Canoeing ☐ Caving ☐ Horseback Riding

Certified Adult: Name Phone #: Day ( ) Evening ( )

I understand that we cannot leave on this trip without approval and that the Council's Executive Director must sign all contracts including vehicle rental agreements. I agree to abide by Safety-Wise and Council policies, standards and procedures.

Leader's Signature: _____ Date: _____

This application is: ☐ Approved ☐ Denied *Membership Specialist Signature*: _____ *Date*:_____

TRAVEL EMERGENCY CONTACT LIST

Complete form and make three copies.
Keep one copy, give a copy to the troop's Emergency Contact person,
& submit a copy with the Travel-Activity Form.
A computerized printed roster with the same information is acceptable.

Participant's Name	Girl Adult Tagalong	Name of Contact	Phone #s where contact person can be reached during this activity.	
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