



Overnight Trip/Camping Application

To ensure a timely approval, you must submit completed application with all needed information attached to the council within the timeframe outlined in *Volunteer Essentials*.

Troop Information

Leader Name _____ Troop # _____ Service Unit _____
 Address: Street _____ City/State/Zip _____
 Phone: Home # _____ Work # _____ Cell # _____
 E-mail Address _____
 Grade Level Daisy Brownie Junior Cadette Senior Ambassador

Local Contact Information

Name _____ Phone # _____

Trip Information

Location/Destination of Trip _____
 Date/Time of Departure _____ Date/Time of Return _____

Please give a detailed list of your itinerary, including all activities and overnight accommodations (attach additional sheet if necessary) _____

Number of Girls attending _____
 Number of Women attending _____
 Number of Men attending _____
 Number of Tagalongs attending _____
 Total Number of participants _____
 Cost of trip per person \$ _____

Please describe the funding source(s) for the trip expenses _____

Please complete reverse side.

OFFICE USE ONLY

Adult Learning Complete Yes No
 Transportation Yes No
 Confirmation Sent Date _____
 Service Unit Manager/Council Signature _____

Date Rec'd Stamp

Insurance Needed Yes No
 Insurance Paid Yes No
 Insurance Filed Date _____
 Date Approved _____

Overnight Trip/Camping Application Continued

Trip Insurance

- Not applicable if trip is less than three nights, not including a federal holiday

Please indicate which insurance policy you are purchasing:

- 2 (11¢ per person per day) Excess Accident Coverage, non-duplication applies
- 3E (29¢ per person per day) Excess Accident & Sickness Coverage, non-duplication applies
- 3P (70¢ per person per day) Primary & Sickness Coverage
- 3I (\$1.17 per person per day) International Travel

1. Total number of days _____
2. Total number of participants _____
3. Total number of participating days (Line 1 x Line 2) _____
4. Cost of premium per day _____

*Total Cost (Line 3 x Line 4) _____

*If total cost is less than \$5, a \$5 minimum fee is required. All insurance fees must be submitted with this application.

Adult Learning Opportunities Information

A copy of current certification must be attached.

Complete entire Adult Learning Opportunities information. Mark 'N/A' if not applicable to your activities.

Adult Learning	Required for	Certified Adult Name	Date Learning Received
First Aid/CPR	All Troop Activities		
Venturing Out	All Troop Activities		
Basic Troop Camping Skills	Camping Activities		
Lifeguard	Swimming and Other*		
Adult Watcher	Swimming and Other*		
Adult Watcher	Swimming and Other*		
Basic Water Rescue	Water Activities*		
Small Craft Water Safety	Boating Activities on Lakes		
Moving Water Safety	Boating Activities on Rivers/Sea		
Archery Instructor	Archery		

*See Safety Activity Checkpoints.

Transportation

Public (and chartered) Transportation: Train Bus* Airplane Ship

Other: Leased or Rented Vehicles**

Vehicle Rental/Leased/Chartered Application must be completed and submitted with application.

Private Vehicles

List the name of each driver below and attach a copy of their driver's license and current proof of auto insurance. These items MUST be submitted with this application.

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

*The Council must receive a certificate of insurance from the transportation company.

**The Council will not approve the use of any 15 passenger van to transport Girl Scouts.