



TROOP TRIP APPLICATION

Girl Scouts of Shagbark Council

NUMBER OF MILES ONE-WAY FOR THIS TRIP _____? IF OVERNIGHT, NUMBER OF NIGHTS _____?

BROWNIE - 100 miles or less from home and not more than 1 night. **JUNIOR** – 175 miles or less from home and not more than 2 nights.
CADETTE/SENIOR/AMBASSADOR – 350 miles or less from home and not more than 2 nights.

If your trip meets the above guidelines for your troop’s age level – Complete this form and submit to your Service Unit Director at least 30 days prior to the trip. **IF NOT** – Please contact your Council Membership Staff person for an “Extensive Troop Trip” packet at least 90 days prior to your trip.

Troop # _____ Age Level _____ Troop Leader _____

Leader Address _____ Home Phone _____

Town _____ State _____ Zip _____ Work/Day Phone _____

Trip Date(s) _____ Trip Destination _____

Time of Departure _____ Place of Departure _____

Time of Return _____ Place of Return _____

Purpose of Trip (Value to girls) _____

List of Adults Who Will Accompany Troop _____

Transportation Method _____ If by Automobile, List:

Names of All Drivers	Auto Insurance Company	Policy #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Call/Contact Person _____ Phone # _____

Training: Trip Adult with Basic Leadership Development _____

If Camping: Trip Adult with Planning for Troop Camping Training _____

Trip Budget: List expenses and income on back or attach copy of budget. If no expenses, check here _____

For overnight activities: List itinerary on back or attach copy. Include all dates, times, and places to visit/stay (with phone numbers).

For overnight activities or trips out of service unit:
List Adult with Current First Aid/CPR Training _____ Type of Certification _____ Expiration Date _____

Please read before signing: This troop/group is prepared and willing to meet all Girl Scouts of Shagbark Council Policies and Standards and applicable standards listed in *Safety-Wise*.

Signature of Troop Leader _____ Date _____

FOR SERVICE UNIT DIRECTOR’S USE: Check “Guide for Approving Trips” in SUD Notebook. Submit form to Council Program Director AFTER trip is approved locally.	
_____ Approve	_____ Conditional approval with changes listed: _____
_____ Disapprove	_____
Service Unit Director Signature _____	Date _____

