



Troop Trip Application- Overnight

1404 N. Ash St., Spokane, WA 99201
(509) 747-8091 ☎ (800) 827-9478
www.gsewni.org

Trip Leader: Please refer to GSUSA & GSEWNI Policies, Volunteer Essentials and Safety Activity Checkpoints.. Submit while in planning stages with as much information as possible. To ensure there is adequate time for the review process, this form must arrive at the Spokane office 4 weeks prior to planned departure date.

Troop/Group # _____ **Service Unit #** _____

Adult **trip** leader's name: _____

Address _____

Street City State Zip + 4

Phone: (____) _____ (____) _____
Home Cell (emergency #)

Email address: _____

Number of Registered Girl Scouts:

Daisy: ____ Brownie: ____ Junior: ____ Cadette: ____ Senior: ____ Ambassador: ____

Adults: Female: ____ Male: ____

Number of non-member(s): Youth: ____ Adult: Female ____ Male ____

Activities Planned: _____

PLACES AND DATES OF TRIP DESTINATIONS

Please list all dates you will be gone:

Place	Time	Date of Departure	Date of Arrival

Form(s) of transportation for troop:

Private Car: ____ Rented Vehicle: ____ Bus: ____ Train: ____ Boat: ____ Plane: ____

All adults must be currently registered & have current/ approved GSEWNI background check.

Cost:

Trip cost per person \$ _____

Total trip cost \$ _____

Cost covered by each person: \$ _____

Cost covered by troop: \$ _____

(Submit money earning forms as applicable)

For Staff Use Only

____ Girl/Adult Ratio Met

____ Meets GS Program Goals

____ Meets GSUSA & GSEWNI Policies

Drivers Approved:

1. _____
2. _____
3. _____
4. _____

____ All adults have registration & background

____ CPR/ 1st Aid Exp: _____

____ Stepping Out Training

____ Outdoor Training

____ Advanced Outdoor Training

____ Emergency Info Provided

Insurance Required: Y ____ N ____

Comments:

Certified First Aider attending trip: _____

Adult w/ Stepping Out Training attending trip (Outdoor skills/ overnight): _____

Adult w/ Camping Out Training attending trip (established campsite): _____

Adult w/ Adventuring Out Training attending trip (primitive camping): _____

EMERGENCY CONTACT PERSON ON TRIP

Name: _____

Address: _____

Street City State Zip

Phone number (____) _____ (____) _____

Day Cell (Emergency #)

EMERGENCY CONTACT PERSON AT HOME

Name: _____

Address: _____

Street City State Zip

Telephone number (____) _____ (____) _____

Day Cell (Emergency #)

Name, address, and telephone number of travel agency (if used):

Are they a member of USTOA, ATA, ARTA? (circle one if so)

**Insurance is required for activities lasting three nights or more, or have a non-member youth attending.
 You must turn this and the money for insurance in at least four (4) weeks prior to your trip.
 International insurance is also available; contact GSEWNI for more information.**

Total # of participants _____ x ^{** Plan 3E} \$** Plan 3P _____ = _____ x # of days _____ =
***Call 509-747-8091 ext: 203 for correct amount*

Amount enclosed: _____

MAKE BILL PAY/ CHECK PAYABLE TO: MUTUAL OF OMAHA LIFE INSURANCE COMPANY
 Mail to GSEWNI Corporate Office, 1404 N Ash St, Spokane, WA 99201

Approved by: _____ _____
Director, Membership Services Date