Troop Trip Application-Day Trip

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

Girl Scouts
Girl Scouts of Eastern Washington & Northern Idaho

Trip Leader: All Safety-Wise and GSEWNI policies apply to your Day Trip. Forms must be turned in (2) weeks Prior to Trip to:
Your Membership/Volunteer Coordinator

Troop/Group #_____ Service Unit # _____ Trip Date _____
Adult ***trip*** leader's name: _____ Email address: _____
Address_____
Street City State Zip + 4
Telephone number (_____) _____ (_____) _____
Home Cell (emergency #)

Number of **Registered** Girl Scouts:

Daisy: _____ Brownie: _____ Junior: _____ Cadette: _____ Senior: _____ Ambassador: _____

Adults: Female: _____ Male: _____

Number of **non-member**(s): Youth: _____ Adult: _____

Activities Planned: _____
_____

Departure Location: _____ Time: _____
Return Location: _____ Time: _____
Enclose copy of agreements/contracts that will be signed for activity or use of equipment.

Form(s) of transportation for troop:
Private car: _____ Rented vehicle: _____ Bus: _____ Train: _____ Boats: _____ Walking: _____

List Drivers with Transportation Card:
First & Last Name
1._____
2._____
3._____
4._____

Certified First Aider attending trip
_____

Trip cost per person: $_____
Total trip cost: $_____
Cost covered by each person: $_____
Cost covered by troop: $_____

EMERGENCY CONTACT PERSON NOT ON TRIP:

Name_____ Telephone # (____) _____ (_____) _____
Home Cell (Emergency #)

Address_____
Street City State Zip +4

Approved by _____ _____
Council Staff Date

For Staff Use Only

_____ Girl/Adult Ratio Met

_____ Meets GS Program Goals

_____ Meets Safety-Wise Standards

Drivers Approved:
1. _____
2. _____
3. _____
4. _____

_____ First Aider
Exp: _____

____ Emergency Info Provided

Comments:
_____
_____
_____
_____
_____
_____
_____

08/2007