

Troop Trip Application-Overnight/Extended

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: Please refer to the **GSUSA publication Safety-Wise**
 (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 in the Spokane office four (4) weeks prior to planned departure date.

Service Unit number: _____ Troop/Group number: _____
 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: _____

(All adults must be currently registered Girl Scouts with clear criminal background check performed by GSEWNI.)

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

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: _____ Boat: _____ Plane: _____

Drivers with transportation card:

First & Last Name
 1. _____
 2. _____
 3. _____
 4. _____

List All Adults Attending Trip

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

Use back if needed

For Staff Use Only

____ Girl/Adult Ratio Met

____ Meets GS Program Goals

____ Meets Safety-Wise Standards

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

____ All adults have registration & background

____ First Aider Exp: _____

____ Stepping Out Training

____ Outdoor Training

____ Advanced Outdoor Training

____ Emergency Info Provided

Insurance Required: Y _____ N _____

Comments:

Trip cost per person \$ _____
 Total trip cost \$ _____
 Cost covered by each person: \$ _____
 Cost covered by troop: \$ _____
 (Submit money earning forms as applicable)

Certified First Aider attending trip: _____
 Adult w/ Stepping Out Training attending trip (overnight): _____
 Adult w/ Camping Out Training attending trip (established campsite): _____
 Adult w/ Adventuring Out Training attending trip (primitive camping): _____

EMERGENCY CONTACT PERSON AT TRIP DESTINATION(S)

Name: _____
 Address: _____
 Telephone number (_____) _____ (_____) _____
Street City State Zip + 4
Day Cell (Emergency #)

EMERGENCY CONTACT PERSON AT HOME

Name: _____
 Address: _____
 Telephone number (_____) _____ (_____) _____
Street City State Zip + 4
Day Cell (Emergency #)

Name, address, and telephone number of travel agency (if used):
 Are they a member of USTOA, ATA, ARTA (circle appropriate)

Approved by: _____
Director, Membership Services Date

Questions about your trip and/or this application form contact: (509)747-8091 x203 or (800) 827-9478

**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 CHECK PAYABLE TO: MUTUAL OF OMAHA LIFE INSURANCE COMPANY
 Mail to GSEWNI Corporate Office, 1404 N Ash, Spokane, WA 99201