

**Girl Scouts – Lone Star Council**

**APPLICATION FOR:**

- ✓ **FIELD TRIPS** *Travel outside Lone Star Council jurisdiction and destination is more than 50 miles away from troop meeting place*
- ✓ **OVERNIGHT STAYS** *Girls staying past midnight; overnight; or for a tour of 24 hours or more*
- ✓ **HIGH RISK ACTIVITIES** *Requiring certification*



*Submit all copies of this form to your Service Unit Director four weeks in advance.*

**Service Unit** \_\_\_\_\_ **Troop #** \_\_\_\_\_ **DY BR JR CD SR**

# Reg. Girls Attending: \_\_\_\_\_ # Reg. Adults Attending: \_\_\_\_\_ # Non-Members Attending: \_\_\_\_\_

High Risk Activities (ie: water, horses, etc.)      Troop Camp Consultant-BOOT, SCOOT, BOOGIE  
 BOOT – Indoor facility or backyard (not including outdoor cooking)  
 First-Aider (includes CPR)       SCOOT – Troop camping weekend  
 BOOGIE – Trip and travel camping  
  
 I have provided copies of all required certifications.  
 I have read and agree to abide by all Safety-Wise requirements & Council policies as listed in Directions.  
 I have verified that all adult participants have Volunteer Applications /Criminal Background Check on file.  
 I have verified that all drivers and vehicles are registered and insured according to state requirements.  
 Trips (3 or more nights / out of state) troop has purchased Extended Trip Insurance (date): \_\_\_\_\_  
 Non-members attending; troop has purchased non-member insurance (date): \_\_\_\_\_  
  

\_\_\_\_\_      \_\_\_\_\_  
**Signature of Leader/Adult in Charge**      **Date**

**Leader / Adult in Charge:** \_\_\_\_\_ Day Phone: ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_ Eve Phone: ( ) \_\_\_\_\_  
 Cell Phone on trip: ( ) \_\_\_\_\_  
**Other Adult:** \_\_\_\_\_ Phone(s): ( ) \_\_\_\_\_

**Destination Information (at facility where activity is taking place):**  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Troop / Group Emergency Contact (adult not on trip who will have troop itinerary):**  
 Name: \_\_\_\_\_ Phone(s): ( ) \_\_\_\_\_

**PARTICIPANT ROSTER – Attach two copies of your troop roster including girl and adult names and emergency contact information for all participants.**

Travel by: Private Vehicles - how many? \_\_\_\_\_; Parent Drop off / Pick up at Location \_\_\_\_\_; or Other: \_\_\_\_\_

**SCHEDULE OF TRAVEL – Be sure to include return information (use additional sheet if necessary):**

DATE	DEPART TIME	LOCATION OF DEPARTURE	ARRIVAL TIME	LOCATION OF ARRIVAL	PRIMARY ACTIVITY Ex: camping, movie, skiing, etc.

Signature of Service Unit Director: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Membership Development Executive: \_\_\_\_\_ Date: \_\_\_\_\_