

Application for Troop Trip/ Camping

This form should be used on trips more than 200 miles round trip from home, as well as all troop camping trips on a site not owned by Girl Scouts of Black Diamond Council. Please use for high adventure experiences (e.g. horseback riding, high ropes courses, canoeing, kayaking, whitewater rafting, etc.)

Section 1 – Required for all Troop Trips/Camping

Name of Applicant: _____ Troop #: _____ Service Unit(s): _____
 Address: _____ City, State, Zip: _____
 Phone #: _____ Email: _____
 Time & Date of Departure: _____ Time & date of return: _____
 Location of Trip: _____

Location	City	State
----------	------	-------

 Number of Participants: ____Girls ____Adults Are all participants registered Girl Scouts? Yes No
 Is extra insurance needed? Yes No Number of qualified First-Aiders: _____
(Extra insurance is needed if the event will have non-Girl Scout participants (girls or adults) or is longer than two nights.)
 Age level of participants on the trip? (Please check all that apply):
 Daisy Brownie Junior Cadette Senior Ambassador Family Activity

Section 2 – Activity Information – Required for all Troop Trips/Camping

Please list all major activity locations and hotels, etc. Use additional sheet of paper if necessary.

Location: _____ Dates: _____ Activity: _____
 Location: _____ Dates: _____ Activity: _____
 Location: _____ Dates: _____ Activity: _____
 Location: _____ Dates: _____ Activity: _____

If aquatic activities are planned, please provide the name of lifeguards and attach certification: _____

Emergency contact on the trip (where you can be reached on the trip/camping):
 Name: _____ Phone #: _____

Emergency contact at home while you're gone (another adult associated with the troop who is not on the trip/camping.):
 Name: _____ Phone: _____ Relationship to Troop: _____

Section 3 – Activity Preparedness – Required for all Troop Trips/Camping

Have the following areas been reviewed with the troops to prepare for the activity/trip? (Please check all that apply).

Buddy System	Parent Permissions have been collected.
Travel Safety	Health Histories have been collected for each participant (girls and adults)
Stranger Danger	Parents understand all plans and have received detailed itineraries.
Crisis Plan	Parents have received emergency contact information for the trip/camping.
Insurance Claim Forms	First Aid kit has been restocked and packed.
Reviewed Trip/Camping Safety Activity Checkpoint	

Section 4 – Transportation – Required for all Troop Trips/Camping

What type of transportation will be used for the troop trip/camping?

Private Vehicle* Chartered Bus* Leased/Rented Vehicle Public Transportation

*If private vehicles are being used, all cards and drivers must comply with state laws.
 *If chartered vehicles are being used, a copy of their insurance liability needs to be on file with GSBDC.
 *If rented vehicle is being used, a copy of the contract needs to be on file with GSBCS. We strongly encourage purchasing the additional insurance provided by the renting company.

Who will be driving the (Private/Leased/Rented) vehicle? _____

On a separate piece of paper, please provide a list of participants for the trip/camping activity.

Section 5 – Camping – Submit Only if Troop is Camping on site not owned by GSBDC

Name of person camping in/camping out: _____ Date of Certification: _____

(To take troop camping, a least on adult supervising the girls must have completed Camping In/Camping Out.)

Check any of the following specialized activities your troop plans on doing during camping.

Canoeing	List adult with certification: _____
Archery	List adult with certification: _____
Backpacking	List adult with certification: _____
Hiking	List adult with certification: _____
Challenge Course/Ropes	List adult with certification: _____
Whitewater Rafting	List adult with certification: _____
Horseback Riding	List adult with certification: _____
Snow Sports	List adult with certification: _____

Participants must practice "Leave No Trace" principles while camping. Check the box to indicate agreement.

Name: _____ Date: _____

Equipment: If specialized equipment is indicated in the Safety Activity Checkpoint for this activity, describe what will be used and who will provide the equipment:

If you need to borrow equipment from GSBDC, fill out the Outdoor Program Equipment Checkout Form and email it to the Director of Facilities at Joe.Whittington@bdgsc.org.

Section 6 – Activity Budget

Only complete this section if the trip/camping activity budget is more than \$50 per person.

Expected Income

Troop Treasure = \$ _____

Fees from Girls = \$ _____

Fees from Adults = \$ _____

Other expected income = \$ _____

(Please list sources):

Total Expected Income: = \$ _____

Expected Expenses

Insurance (\$0.11 per person X ___ people X ___ days) = \$ _____

Food = \$ _____

Lodging = \$ _____

Transportation = \$ _____

Admission Fees (i.e. movies, museums, = \$ _____

Please indicate the trop cost for:

\$ _____ per girl \$ _____ per adult

I have read the Safety Activity Checkpoints that apply to my trip and agree to uphold all standards.

Signature of Leader: _____ **Date:** _____

Signature of MDM: _____ **Date:** _____

Trip/Camping Approved: **Yes** **No**