

Girl Scouts of Rolling Hills Council

Application for Camping & Troop/Group Trips: Overnight, Out of State & *High-risk As Per Safety-Wise (IN-STATE, NO-RISK DAY TRIPS – NOTIFY SERVICE UNIT ONLY)

APPLICATION PROCEDURES: IMPORTANT!!

1. Fill out the attached application completely, include **back** of form.
 2. Obtain Service Unit Manager's signature. Allow time for an interview (in person or by phone).
 3. Send signed application to the Girl Scouts of Rolling Hills Council, Attn: Trips, 1171 Route 28, North Branch, NJ 08876. Retain copy for your records.
 4. Include phone numbers where you can be reached between 9 AM and 5 PM, weekdays. Council will call if there are questions.
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COUNCIL NOTIFICATION: (see individual trip applications for additional information and deadlines):

1. **International Trips** –12 to 18 months prior to departure. Extended Trip, International Supplement and World Centers packets can be found on the website or acquired at Council.
 2. **Trips outside the continental United States** (e.g.: Canada, Mexico, Bahamas, Hawaii, etc.) 6 to 12 months prior to departure. Extended Trip packet can be found on the website or acquired at Council.
 3. **Trips/overnights of 7 days or more**, inside the continental United States – 6 months prior to departure.
 4. **Trips of one or more nights**, but less than 7 days – two months.
 5. **Out of State trips or * as per Safety-Wise** – at least three weeks in advance. (*High-risk activities, including, but not limited to: aquatics, hayrides, skating, winter activities, challenge course, horseback riding...)
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RESOURCES:

1. *Safety-Wise*, current edition.
2. Council Approved Leader Training Courses.
3. Girl Scouts of Rolling Hills Council Policy Manual.
4. Troop Trip Packet – Available online or through Council.

USE OF VEHICLES (RENTAL OR PRIVATE) FOR TROOP ACTIVITIES

All vehicles **MUST** be covered by a public liability and property damage liability insurance policy as required by the State of New Jersey. You must contact the Council before signing agreements for charter of any vehicles.

Please refer to Standards 25, 26, and 27 in the *Safety-Wise* book for further information concerning public and private transportation. Also read the entire section titled: "Planning Trips with Girl Scouts", and any other appropriate "Activity Checkpoint".

Refer to *Safety-Wise* before planning any activity or trip for requirements concerning planning, transportation, security, etc.

Girl Scouts of Rolling Hills Council
Application for Camping & Troop/Group Trips:
Overnight, Out of State & *High-Risk As Per Safety-Wise

Check all that apply:

- Camping Trip
- Non-Camping Trip
- SU Trip
- SU Camporee
- Out of State Day Trip
- Overnight Trip
- High Risk Activity

Please complete and return to Council two months prior to event.

GSRHC
 1171 Route 28
 North Branch, NJ 08876

Adult/Leader/Coordinator _____ Daytime Phone _____

Address _____ Email _____

Facility (activity/destination) _____

Address _____ Phone _____

Depart date: _____ Return date: _____ Accommodation Type _____

Number of: Daisies _____ Brownies _____ Juniors _____ Cadettes _____ Seniors _____ Adults _____

Roster: Include names and phone numbers of girls and adults. Indicate drivers (must be 21 years or older). **See attached sheet.** If roster is to follow, please indicate. Roster must be submitted prior to trip.

At Home Emergency Contact Name: _____

Phone (24 hour emergency) _____

Address _____

Have you arranged additional insurance if needed? Yes _____ No _____

(Needed if more than two nights or if non-members are attending.)

Have you obtained current health forms for each girl and adult? Yes _____ No _____

Have you obtained Agreement to Participate form for each girl? Yes _____ No _____

Activity Information:

Check these specialized activities in which you expect to participate:

Archery* _____ Aquatics* _____ Backpacking _____ Boating* _____ Challenge Course* _____ Horseback Riding* _____

Hayride* _____ Skating* _____ Winter Activities* _____ Rafting/Tubing* _____ Parade Floats _____ Other _____

**Contact Council for site approval.*

Is specialized equipment being used? If yes, attach list. Yes _____ No _____

Have you read the "Activity Checkpoints" in Safety-Wise pertaining to all planned activities and do you understand them? Yes _____ No _____

Have you planned activities considering the age/skill/experience level of the girls? Yes _____ No _____

Transportation:

() Private passenger vehicles () Other _____

DL# _____ Exp. date _____ State _____

Auto Insurance Carrier _____ Policy # _____ Exp. date _____

Any other form of transportation requires prior council approval. You must contact Council before agreements are signed for charter of any vehicle. **Please allow at least two months lead time for approval of charters. Provide detailed Bus List.**

Are other groups or organizations participating? Yes ___ No ___
 If yes, please give details _____
 Have the girls been involved in planning this trip? Yes ___ No ___
 Have the parents been involved in planning this trip? Yes ___ No ___
 Budget: Approximate cost of trip is \$ _____ Cost per girl is \$ _____
 Amount to be raised by troop \$ _____
 How will money be raised? _____
 Have Money Earner forms been submitted? Yes ___ No ___

Include copies of all certifications.

Attending Troop Leader
 Name _____
 Phone _____
 Orientation Completed _____
 New Leader Basic Completed _____
 Current Level: _____ Date _____

Current First Aider/CPR Male/Female
 Name _____
 Phone _____
 Certification Exp. Date _____
 MD/RN/LPN Lic.# _____
(Include license number only, no photocopies)

Outdoor Certified Adult Male/Female
 Name _____
 Phone _____
 Type of Certification _____
 Date Received _____
 Exp. Date _____

Certified Life Guard Male/Female
 Name _____
 Phone _____
 Type of Certification _____
 Date Received _____
 Exp. Date _____

List all other adults accompanying troop, such as specialized instructors (canoe, etc.). Include separate sheet of paper and attach copy of certifications as applicable.

Supervising Adult/Leader Signature _____

ODC Signature _____

SU Manager Signature _____

SU Comments _____

Girl Scouts of Rolling Hills Council
Troop Trip Roster

Troop # _____

SU: _____

Email: _____

Leader/Contact: _____

Phone: _____

Name	Address	Phone	Registered Member	Girl	Adult	Driver

Total Girls _____

Total Adults _____