

Guidelines:

- 1) Submit request at least two weeks before taking trips.
The troop leader will be notified of approval/disapproval.
- 2) International travel requires a special GSUSA form.
- 3) Additional sick/accident insurance is recommended for activities of more than two nights consecutive duration and include non-registered participants.
- 4) *Safety-Wise*, Chapter 5, Standards 6, 7, 8, 10, 24 & 27.
- 5) Travel beyond 250 miles from Council office requires a motor vehicle report on all drivers.

Complete this form for:

- **All overnights** (except camping at Adahi)
- **Day trips outside Council jurisdiction**
- **Day trips for high risk activities inside Council jurisdiction** (these include: *swimming, canoeing, horses, etc.*)

Date of Application _____ Date(s) of Trip _____ # Girls _____ # Adults _____
 Troop # _____ Program Level _____ Service Unit _____
 Troop Leader's Name _____ E-mail _____
 Address _____
 Telephone (H) _____ (W) _____ (C) _____

LEAVE Approx. Time/Date _____ Where staying enroute? _____
 ARRIVE Approx. Time/Date _____ RETURN Approx. Time/Date _____
 City/State Destination _____ Purpose _____
 Name of Lodging _____ Telephone _____
 Mode of Travel _____ (For leased/rented vehicles, contact council)

Leaders must have name, address, insurance company, driver's license number for all drivers.

EMERGENCY CONTACT (List adult, with address & telephone, you will notify in case of emergency or delay)

FIRST AIDER _____ Training Expires _____
 Physician Paramedic Physician's Assistant Emergency Medical Technician
 Registered Nurse Licensed Practical Nurse First Aid Certified (Red Cross Trained)

OUT OF COUNCIL TRIPS Notarized medical releases for all girls. Yes No
 Birthplace Trip Extended Trip

CAMPING (if applicable) Troop Camp Certified person _____

BOATING or SWIMMING (if applicable)

TYPE OF EVENT Swimming Rafting Canoeing Kayaking Fishing

Location of Activity _____

TRAINING Camp Waterfront Canoeing Sailing Kayaking

Certifications: WSI Lifeguard **Other Training:** (Please specify) _____

LIFEGUARD Name, address & phone no. (Attach copies of certificates)
 _____ Training Expires _____

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 : **For day trips that involve transportation** :
 : **within the Council jurisdiction that are not** :
 : **high risk, you must contact the Service Center 24 hours in** :
 : **advance with names of participants and trip location.** :
 :
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SUBMIT TO:

Debbie Lane
 Girl Scouts of Moccasin Bend Council
 P.O. Box 15969 (1936 Dayton Blvd.)
 Chattanooga, TN 37415-0969
 T 423 877 2688 • 800 446 2472 • F 423 877 5587

You must list all participants including family members and siblings (tagalongs). Use additional sheet if necessary.

Participant	Telephone	Girl	Adult	Tagalong
1.				
2.				
3.				
4.				
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24.				
25.				

NOTES:

OFFICE USE ONLY
Activity Approved: Yes _____ No _____
If no, why?
Signed _____
Debbie Lane
Date Leader Notified _____