

**Girl Scouts of Northwest Florida**  
**4755-A Old Spanish Trall ♦ Pensacola, FL ♦ 32504-9099**  
**(850) 434-1333 ♦ (800) 624-3951 ♦ Fax (850) 433-1408**

**TROOP TRIP APPLICATION**

This application is required for trips beyond 200 miles or in excess of 72 hours duration. Submit the following information to the Assistant Executive Director at the Council Service Center while in the beginning stages (with as much information as possible) for approval of trip plans. The application can be amended up to 4 weeks prior to the trip.

Troop \_\_\_\_\_ Age Level \_\_\_\_\_ Cluster# \_\_\_\_\_ Association# \_\_\_\_\_

Leaders Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The Leadership Team has read with the girls "Planning Trips With Girl Scouts" in ***Safety-Wise*** before submitting request: \_\_\_ Yes \_\_\_ No

♦ Approximate number of: Girls \_\_\_\_\_ Adults \_\_\_\_\_

♦ Destination \_\_\_\_\_

♦ Dates and length of trip \_\_\_\_\_

♦ Purpose of trip \_\_\_\_\_

♦ What was the girls' role in planning? \_\_\_\_\_

♦ Length of time in planning \_\_\_\_\_

♦ Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

♦ Type of insurance carried on girls \_\_\_\_\_

♦ Name of First Aider \_\_\_\_\_

♦ Type of certification and expiration date \_\_\_\_\_

♦ ***Attach copy of the time schedule, activities, overnight accomodations and places you plan to visit.***

♦ ***Attach copies of signed "information regarding waivers," if waivers are required by outside agencies***

◆ **Mode of Transportation.**

- Bus
- Train
- Car
- Other \_\_\_\_\_

Driver \_\_\_\_\_ Phone \_\_\_\_\_ Age \_\_\_\_\_

Driver \_\_\_\_\_ Phone \_\_\_\_\_ Age \_\_\_\_\_

Driver \_\_\_\_\_ Phone \_\_\_\_\_ Age \_\_\_\_\_

Type of insurance carried on the vehicles \_\_\_\_\_  
\_\_\_\_\_

◆ **Cost**

- ⇒ Total cost of trip \$ \_\_\_\_\_ Amount paid by girls \$ \_\_\_\_\_
- ⇒ Amount paid by troop \$ \_\_\_\_\_
- ⇒ How was the money earned? \_\_\_\_\_  
\_\_\_\_\_

- ⇒ Was a consultant used in planning this trip? \_\_\_\_\_ If yes, Who? \_\_\_\_\_
- ⇒ Are there alternate plans should the original fail to materialize? \_\_\_ Yes \_\_\_ No
- ⇒ If yes, briefly describe alternate plans \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Leader's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Troop Representative (Girl Member)

\_\_\_\_\_  
Date

**For Council Service Center use only (This will be returned to you as confirmation.)**

Date application received \_\_\_\_\_ Date application amended \_\_\_\_\_

Your application has been \_\_\_\_\_ approved \_\_\_\_\_ disapproved

\_\_\_\_\_  
Assistant Executive Director Signature

\_\_\_\_\_  
Date