

Final Extended Trip Application

(Preliminary Application for Extended Trips should have been previously submitted.) This form must be completed and submitted to the training coordinator or Membership Manager at least **one month** in advance of the event, and mail to: Girl Scouts of Southern Arizona | 4300 E. Broadway Blvd., Tucson, AZ 85711

Troop/Group Information			
troop / group #	levels <input type="checkbox"/> daisy <input type="checkbox"/> brownie <input type="checkbox"/> junior <input type="checkbox"/> cadette <input type="checkbox"/> senior <input type="checkbox"/> ambassador		
leader's name	day phone	evening phone	
leader's address	city	st	zip
activity leader	day phone	evening phone	
trip leader's address	city	st	zip
Activity			
We request permission for the following activity (<i>please describe in detail</i>):			
Purpose of trip:			
from (date)	(time)	to (date)	(time)
Places of trip destination		Date of arrival	
<input type="checkbox"/> Yes, a written permission and behavior form has been obtained from each parent.		<input type="checkbox"/> Yes, a record of health exam or medical history form has been obtained for each girl.	
<input type="checkbox"/> Yes, a volunteer agreement form has been signed by all participating adults.		<input type="checkbox"/> Yes, additional insurance has been obtained from the council. Date:	
Forms of transportation:		How many vehicles?	
If renting vehicle(s), describe type and name of company:			
Each driver must provide evidence of a) valid state driver's license, b) meeting state's insurance requirements. Attach a list with each driver's name, driver's license number, expiration date and vehicle license late number.			
Yes, parent meetings were held on these dates:			

Emergency Contact

In case of emergency, the troop will notify the following person who will be available by phone during the trip and who will have a list of names, addresses, and phone numbers of those attending. This contact is **not** on the trip; it will be someone local.

name	day phone	evening phone	
address	city	st	zip
name of emergency contact at trip destination	day phone	evening phone	
address	city	st	zip

Signature

I certify that the above information is current. I have reviewed Safety Activity Checkpoint and the Volunteer Essentials standards and will be responsible to see that all participating girls and adults meet these requirements.

signature	date
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For Office Use Only

<input type="checkbox"/> Trip is approved	<input type="checkbox"/> Trip is denied	staff signature	date
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