

Final Extended Trip Application

Preliminary Extended Trip Application should have been previously submitted and approved.
Submit this form at least one month in advance of an extended trip to troopsupport@girlscoutsoaz.org.
All adult volunteers on the trip must have a current membership and background check.

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 (*please describe in detail*):

Purpose of trip:

from (date) (time) to (date) (time)

participants' names

Places of trip destination (include addresses)	Date of arrival

Forms Checklist

- | | |
|--|--|
| <input type="checkbox"/> Yes, a written permission and behavior form has been obtained from each parent. | <input type="checkbox"/> Yes, parent permission and authorization for medical treatment 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. |
| <input type="checkbox"/> Yes, parent meetings were held on these dates: | Date: |

Transportation

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 plate number.

If traveling by private cars rental vehicles bus

# vehicles	describe	rental company (if applicable)
------------	----------	--------------------------------

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
-----------	------

For Office Use Only

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