

Submission Date

Trip Date

**Submit** this request for approval prior to any troop/group travel according to timelines outlined in the [Girl Safety and Travel Guide](#).  
**For More Information, Contact:** 808.595.8400 | [CustomerCare@gshawaii.org](mailto:CustomerCare@gshawaii.org)

## Trip Description

<b>Application Type</b>	<input type="radio"/> Local Field Trip <input type="radio"/> Day Trip <input type="radio"/> Overnight 1 to 2 nights (within your Island) <input type="radio"/> Overnight 3 nights or more AND/OR Inter-island AND/OR US Continental <input type="radio"/> International Trip
<b>Description</b>	

## Troop & Service Unit Information

<b>Troop #</b>		<b>Troop Leader(s)</b>	
<b>Service Unit #</b>		<b>Service Unit Name</b>	
<b>Program Levels</b>	<i>Select all that apply</i> <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 / Adult-In-Charge Information

<b>#1 Trip Leader</b>					
<b>#1 Email</b>		<b>#1 Ph1</b>		<b>#1 Ph2</b>	
<b>#2 Trip Leader</b>					
<b>#2 Email</b>		<b>#2 Ph1</b>		<b>#2 Ph2</b>	

### All Trip Leader adults must:

- Be a current Registered Member.
- Have a verified Background Check.
- Be familiar with and follow GSH policies in: [Safety Activity Checkpoints](#), [GSH Volunteer Essentials](#) and [Girl Safety and Travel Guide](#)
- Troop Trip Roster must indicate at least one adult with First Aid/CPR/AED Certification.

## Group Emergency Contacts Information *(Cannot be traveling with this group)*

<b>#1 Emergency Contact Name</b>					
<b>#1 Emergency Contact Email</b>		<b>#1 Ph1</b>		<b>#1 Ph2</b>	
<b>#2 Emergency Contact Name</b>					
<b>#2 Emergency Contact Email</b>		<b>#2 Ph1</b>		<b>#2 Ph2</b>	

## Trip Insurance Information

<b>This group needs additional insurance</b> (as required for overnights 3 nights or more, inter-island travel, US Continental travel, International travel). See the <a href="#">Girl Safety and Travel Guide</a>	<input type="radio"/> Yes	<input type="radio"/> N/A
The trip will also be submitting the High Risk Supplemental form.	<input type="radio"/> Yes	<input type="radio"/> N/A
This trip will also be submitting the Event Specific Permission Form to Council	<input type="radio"/> Yes	<input type="radio"/> N/A

**Roster** *must indicate at least one adult with First Aid/CPR/AED Certification. \* Indicate Caregiver Phone and Email for minors.*

First Name	Last Name	Girl Level/ Adult Role	Troop #	Phone #*	Email*	GS Member? (yes/no)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

I am uploading additional participant information.

**Flight Information** *(List layovers separately)*

*\*All Participants should travel together on flights*

Airline	Departure Date	Departure Time	Flight #	Departure From	Arrival To	Arrival Time
1						
2						
3						
4						
5						

I am uploading additional flight information.

**Lodging Information**

#1 Lodging Name				#1 Lodging Phone #		
#1 Lodging Address						
#1 Lodging Type	<input type="radio"/> Hotel <input type="radio"/> Motel <input type="radio"/> Camp <input type="radio"/> Other: _____					
#1 Check-in Date / Time			#1 Check-out Date / Time			#1 No. of Rooms / Units
#2 Lodging Name				#2 Lodging Phone #		
#2 Lodging Address						
#2 Lodging Type	<input type="radio"/> Hotel <input type="radio"/> Motel <input type="radio"/> Camp <input type="radio"/> Other: _____					
#2 Check-in Date / Time			#2 Check-out Date / Time			#2 No. of Rooms / Units

I am attaching/uploading additional flight information.

## Itinerary / Activities (including offsite meals/onsite meals, snacks do need to be listed)

Date	Start Time	End Time	Activity	Location Name	Address	Phone #

- I am attaching additional participant information.
- As a Leader in charge, I have reviewed that the listed activities are approved in the [Safety Activity Checkpoints](#)

## Drivers (All drivers must be 21 years old or older and current members with background check)

<b>#1 Driver Name</b>					
<b>#1 Driver License #</b>		<b>#1 DL State</b>		<b>#1 DL Exp</b>	
<b>#1 Driver Email</b>		<b>#1 Ph1 #</b>		<b>#1 Ph2 #</b>	
<b>#1 Driver Insurance Co.</b>		<b>#1 Policy #</b>		<b>#1 Ins. Ph</b>	
<b>#2 Driver Name</b>					
<b>#2 Driver License #</b>		<b>#2 DL State</b>		<b>#2 DL Exp</b>	
<b>#2 Driver Email</b>		<b>#2 Ph1 #</b>		<b>#2 Ph2 #</b>	
<b>#2 Driver Insurance Co.</b>		<b>#2 Policy #</b>		<b>#2 Ins. Ph</b>	

- I am attaching additional Driver information.

## Ground Transportation (Note GSH insurance does NOT cover personal or rental vehicles)

<b>#1 Rental Company</b>	<b>#1 Phone #</b>	
<b>#1 Company Address</b>		
<b>#1 Rental Vehicle Type</b>	<input type="radio"/> Rental Car <input type="radio"/> Rental Van <input type="radio"/> Chartered Vehicle <input type="radio"/> Personal Vehicle	
<b>#1 Start Date / Time</b>	<b>#1 Start Date / Time</b>	<b>#1 Confirmation #</b>
<b>#2 Rental Company</b>		<b>#2 Phone #</b>
<b>#2 Company Address</b>		
<b>#2 Rental Vehicle Type</b>	<input type="radio"/> Rental Car <input type="radio"/> Rental Van <input type="radio"/> Chartered Vehicle <input type="radio"/> Personal Vehicle	
<b>#2 Start Date / Time</b>	<b>#2 Start Date / Time</b>	<b>#2 Confirmation #</b>

- I am attaching additional Rental vehicle information.

## Special Training Required For Activities: Camping, Life Guard/Swim Watcher, Skilled Expert

Type	Trained Adult Name	Phone / Email	Certification Exp. Date
First-Aid/CPR/AED Certified Adult			

*Initial*

\_\_\_\_\_ As the Adult Leader in Charge, I have reviewed and agree to follow current GSH Volunteer Essentials, Policies and Safety Activities Checkpoints and planning trips for Girl Scouts.

\_\_\_\_\_ I have completed required training to fulfill my role(s) on this trip.

\_\_\_\_\_ All Health History Forms, Insurance requested by GSH Council have or will be submitted prior to the scheduled date of travel.

## Signatures of Leaders / Adults-In-Charge

*I agree to follow current GSH policies initialed above.*

<b>#1 Trip Leader Name</b>			
<b>#1 Trip Leader Signature</b>		<b>#1 Signature Date</b>	

*I agree to follow current GSH policies initialed above*

<b>#2 Trip Leader Name</b>			
<b>#2 Trip Leader Signature</b>		<b>#2 Signature Date</b>	

*Council has reviewed this application and confirms requirements have been met.*

<b>Council Case Number</b>			
<b>Council Rep. Signature</b>		<b>GSH Signature Date</b>	

**All acknowledgments state acceptance and accuracy at the date this document is submitted.**

Submit this completed form to Girl Scouts of Hawai'i Customer Care [customercare@gshawaii.org](mailto:customercare@gshawaii.org)