



This form should be submitted to the Service Unit Manager no later than **2 weeks** prior to the trip. This will inform the Service Unit Manager of your plans and will insure s/he has the necessary information in case of emergency.

Day Trip Application

Date of Trip: _____

PART I: Service Unit Information

Service Unit _____ Date Submitted _____

Group _____

Program Level Daisy Brownie Junior Cadette Senior Ambassador

Are all of the girls in grades 6-12? Yes No

Are all girls between 11-17 years of age? Yes No

PART II: Leader/Adult-In-Charge Information

Name _____

Address _____

Street _____ *City* _____ *ST* _____ *Zip* _____

Email Address _____ Home Phone _____

Office Phone Number _____ Mobile Phone _____

PART III: Trip Participants

A. Participants

Number of Registered Girl Scouts (YOUTH) _____ Number of Non-Girl Scouts (YOUTH) _____

Number of Registered Girl Scouts (ADULTS) _____ Number of Non-Girl Scouts (ADULTS) _____

B. Insurance

Does the group need additional insurance? Yes No

Link to form: <https://girlscoutshawaii.wufoo.com/forms/insurance-request-form/>

Group/Troop: _____ Trip Date: _____

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PART IV: Special Skills, Training, Supervision and Insurance

A. Safety

Council Group Travel Certified Adult _____ Certified Date _____
Name of First Aid/CPR Adult _____ Cert. Expiration Date _____
Refer to Safety Activity Checkpoints for level of certification required

B. Insurance

- 1 Does your trip/activity include **Camping**? Yes No
If yes, Name of **Council Certified Troop Camp Trained Adult** _____
- 2 Does your trip/activity include **Swimming**? Yes No
Number of "**watchers**" are accompanying this group _____
- 3 Will there be a **Certified Lifeguard** provided on-site? Yes No
Or, if you providing a **Certified Lifeguard**?
Certified Lifeguard Name _____ Certificate Expiration Date _____
- 5 Does the activity/trip require a certified **On-Site Instructor** with special skills? Yes No
Certified On-Site Instructor Name _____ Certificate Expiration Date _____
- 6 Does the activity/trip require **Special Equipment**? Yes No
If yes, Special Equipment will be provided by Group Site

PART V: Activity/Trip Information

A. Logistics

Activity Description _____
Site Name _____
Start Date & Time _____ End Date & Time _____
Site Address _____
Street _____ City _____ ST _____ Zip _____
Site Contact Person _____ Office Phone _____

PART VI: Consent

Leadership/Adult-In-Charge _____ Date _____
Service Unit Manager/ _____
Membership Manger _____ Date _____