



# Trip Application Simple Overnight Trip

Girl Scouts of  
Hawai'i

This completed form should be submitted to the Service Unit Manager no later than **1 month before the trip**. This will inform the Service Unit Manager of your plans and will insure she/he has the necessary information in case of an emergency.

## PART I Service Unit Information

Service Unit		Date Submitted	
Group			
Program Level:	<input type="checkbox"/> Daisy	<input type="checkbox"/> Brownie	<input type="checkbox"/> Junior
	<input type="checkbox"/> Cadette	<input type="checkbox"/> Senior	

## PART II Leader/Adult-In-Charge Information

Name			
Street Address		Zip	
HM Phone		WK Phone	
Email		Mobile Phone	

## PART III Trip Participants & Insurance

<b>Section A Participants</b>			
Number of Registered Girl/Girl Scouts Participating		Number of Non-Girl Scout Girls (Minors) Participating	
Number of Registered Adult/Girl Scouts Participating		Number of Non-Girl Scout Adults Participating	
<b>Section B Insurance</b>			
Does the group need additional insurance? <input type="checkbox"/> YES or <input type="checkbox"/> NO			

## PART IV Special Skills, Training, Supervision, and Insurance

<b>Section A Safety</b>			
Name of Council Group Travel Certified Adult		Certification Date	
Name of Certified First Aid/CPR Adult		Certification Expiration Date	
<b>Section B Camping, Swimming, Instructors and Special Equipment</b>			
Please complete the following:			
1. Does your activity/trip include <b>Camping</b> ?	<input type="checkbox"/> YES, if 'yes' continue to #2. or <input type="checkbox"/> NO, if 'no' continue to #3.		
2. Name of Council certified Troop Camp Trained adult?			
3. Does your activity/trip include <b>Swimming</b> ?	<input type="checkbox"/> YES, if 'yes' continue to #4. or <input type="checkbox"/> NO, if 'no' continue to #8.		
4. How many "watchers" are accompanying the group?			
5. Is there a certified lifeguard accompanying the group?	<input type="checkbox"/> YES, if 'yes' continue to #6. or <input type="checkbox"/> NO, if 'no' continue to #7.		
6. Name of certified lifeguard?		Certification Expiration Date	
7. Will there be a certified lifeguard provided on-site?	<input type="checkbox"/> YES or <input type="checkbox"/> NO		
8. Does the activity/trip require a certified on-site instructor with special skills?	<input type="checkbox"/> YES, if 'yes' continue to #9. or <input type="checkbox"/> NO, if 'no' continue to #10.		
9. Name of certified on-site instructor?		Certification Expiration Date	
10. Does activity/trip require <b>special equipment</b> ?	<input type="checkbox"/> YES, if 'yes' continue to #11. or <input type="checkbox"/> NO, if 'no' continue to PART IV.		
11. Is equipment provided by the Group or Site?	<input type="checkbox"/> Group or <input type="checkbox"/> Site		

## PART IV Activity/Trip Information & Transportation

<b>Section A Logistics</b>	
What Type of activity/trip are you planning?	
Date of activity/trip	

Site Name			
Site Address		Zip	
Site Contact Person		WK Phone	

### Section B Transportation

1. Transportation provided by? <input type="checkbox"/> Parent/Guardian, if 'parent/guardian' continue to #2, #3 then continue to Section C. <span style="margin-left: 100px;">or</span> <input type="checkbox"/> Leader/adult-in-charge, if 'leader/adult-in-charge' continue to #4.			
2. Drop-off time at site:		3. Pick-up time at site:	
4. Type of Transportation? <input type="checkbox"/> Personal Vehicle, if 'personal vehicle' continue to #5. <input type="checkbox"/> Rented Vehicle, if 'rented vehicle' continue to #6. <input type="checkbox"/> Chartered Vehicle, if 'chartered vehicle' continue to #7.			
5. Is/are the <b>personal vehicle/s</b> insured? <input type="checkbox"/> YES or <input type="checkbox"/> NO			
Name of Driver		Driver License #	
Name of Driver		Driver License #	
Name of Driver		Driver License #	
6. Please complete the following <b>rental van and rental car</b> information:			
Rental van company name:			
Confirmation #		WK Phone	
Street Address		Zip	
Rental car company name:			
Confirmation #		WK Phone	
Street Address		Zip	
7. Please complete the following <b>chartered vehicle</b> information:			
Chartered vehicle company name:			
Street Address		WK Phone	
Confirmation #		Zip	

### Section C Activity Fees

1. Is there an activity fee? <input type="checkbox"/> YES, if 'yes' continue to #2 or <input type="checkbox"/> NO, if 'no' continue to PART VI.			
2. What is the activity fee amount? \$		Per Girl	\$ Per Adult
3. Who is paying for the activity fee? <input type="checkbox"/> Group or <input type="checkbox"/> Parents			

### PART VI Group Emergency Contact Information

Name of Group Emergency Contact			
Email		HM Phone	
WK Phone		Mobile Phone	
Name of Group Emergency Contact			
Email		HM Phone	
WK Phone		Mobile Phone	

### PART V Signature

*Safety-Wise* must be checked for all information relating to your specific activity (Program standards, activity check points, basic safety, and security guidelines, and planning trips for Girls Scouts).

<b>Leader/adult-in-charge signature</b>	<b>Service Unit Manager/MDM signature</b>
<b>Date</b>	<b>Date</b>