



# Day Trip Application

Submission Date:

Trip Date:

SUBMIT TO: 410 Atkinson Drive, Suite 2E1, Box 3 Honolulu, HI 96814  
808.595.8400 | [CustomerCare@gshawaii.org](mailto:CustomerCare@gshawaii.org)

This completed form should be submitted to the Service Unit Manager no later than 1 month before the trip. See the timeline in the Girl Safety and Travel Checkpoints document for the approval process (or you may contact Council at: [customer care@gshawaii.org](mailto:customer care@gshawaii.org) for more information). This will inform the Service Unit Manager of your plans and will insure she/he has the necessary information in case of an emergency.

## SERVICE UNIT & TROOP INFORMATION

Service Unit #				Service Unit Name			
Troop #(s)				Troop Leader(s)			
Program Level(s)	Daisy	Brownie	Junior	Cadette	Senior	Ambassador	Multi
Trip Description							

## LEADER/ADULT-IN-CHARGE INFORMATION

# 1 Trip Leader Name							
#1 Street Address							
#1 City				#1 ST			#1 ZIP
#1 Email				#1 Ph 1			#1 Ph 2
# 2 Trip Leader Name							
# 2 Street Address							
#2 City				#2 ST			#2 ZIP
#2 Email				#2 Ph 1			#2 Ph 2

All participating adults must be registered members of Girl Scouts, have a current and approved background check on file with the council, and must have completed the initial volunteer trainings (Volunteer Essentials and Safety). All Safety Activity Checkpoints and GSOSW policies and procedures must be followed. ♦ CPR/First Aid Certification must be obtained by at least one approved adult volunteer going on the trip. ♦ At least one approved adult volunteer going on the trip must have completed all applicable trainings (GS101, Volunteer Essentials/Safety, Day Trips, Indoor Overnights, Extended Travel Training and Outdoor Skills for trips that include camping). ♦ [GSH Covid Waivers](#) must be completed and on file prior to Trip date

## ROSTER \* Indicate Caregiver Phone and Email for minors on roster under 13

First Name	Last Name	Girl Level or Adult Role	GS Troop # (enter "NOT GS" if not a GS member)	Phone*	Email*	Covid waiver Y/N?
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

I am attaching additional participant information.

## TRIP PARTICIPANTS & INSURANCE

	# of Registered Girl/Girl Scouts Participating		# of NON Girl/Girl Scouts Participating
	# of Registered Adult/Girl Scouts Participating		# of NON Adult/Girl Scouts Participating
Yes    N/A, This group needs additional insurance to cover non-Girl Scout Members participants.			

## DRIVERS - must be over 18, current member with background check

# 1 Main Diver Name					
#1 Driver Address/C/S/Z					
#1 Driver License #		#1 DL ST		#1 DL Exp	
#1 Driver Email		#1 D Ph 1		#1 D Ph 2	
#1 Driver Insurance Co		#1 Policy #		#1 Ins. Ph	
# 2 Diver Name					
#2 Driver Address/C/S/Z					
#2 Driver License #		#2 DL ST		#2 DL Exp	
#2 Driver Email		#2 D Ph 1		#1 D Ph 2	
#2 Driver Insurance Co		#2 Policy #		#2 Ins. Ph	

I am attaching additional driver information.

## GROUND TRANSPORTATION (Note GSH insurance does NOT cover personal or rental vehicles)

#1 Rental Co (Owner) Name	#1 Rental Co Ph		
#1 Rental Co Address, C/S/Z			
#1 Vehicle Type ___Rental Car ___Rental Van ___Chartered Vehicle ___Personal Vehicle	#1 Confirm No		
#1 Start Date / Time	#1 End Date / Time		
#2 Rental Co (Owner) Name	#2 Rental Co Ph		
#2 Rental Co Address, C/S/Z			
#2 Vehicle Type ___Rental Car ___Rental Van ___Chartered Vehicle ___Personal Vehicle	#2 Confirm No		
#2 Start Date / Time	#2 End Date / Time		

I am attaching additional vehicle information.

## ITINERARY / ACTIVITIES (including offsite meals/onsite meals and snacks do need to be listed)

#	Date	Start Time	End Time	Activity	Location Name	Address	Phone
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							

I am attaching additional activity information.

Additional insurance is needed for special activities on this trip.

**SPECIAL TRAINING REQUIRED FOR ACTIVITIES: Camping, Life Guard/Swim Watcher, Skilled Expert**

Activity line #	Type	Trained Adult Name	Contact Phone/ email	Cert. Exp Date
a				
b				
c				
d				
e				

**SPECIAL EQUIPMENT FOR ACTIVITIES: Tents, Sporting equipment, Special materials, etc.**

Activity line #	Type	Special Equipment	Source
f			
g			
h			
i			
j			

I am attaching additional expert information.

I am attaching additional equipment information.

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 Annual Permission Forms, Health History Forms, Insurance and Waivers requested by GSH Council have or will be submitted prior to the scheduled date of travel. (e.g. Covid-19 Waivers, Uninsured Waivers, etc.).

**SIGNATURES LEADER/ADULT-IN-CHARGE**

Leader/Adult in Charge must review and comply with check all Girl Scouts of Hawaii Safety Activity Checkpoints relating to your specific activity

I agree to follow current GSH SAC and have completed required training to fulfill my role(s) on this trip.

# 1 Trip Leader Name			
#1 Trip Leader Acknowledge		#1 Date	

I agree to follow current GSH SAC and have completed required training to fulfill my role(s) on this trip.

# 2 Trip Leader Name			
#2 Trip Leader Acknowledge		#2 Sig Date	

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

Council Rep. Name			
Council Rep. Acknowledge		#GSH Date	