



NOTICE OF CHANGES to Trip Application

Resubmission Date:

Trip Date:

Submit to: 410 Atkinson Drive, Suite 2E1, Box 3 Honolulu, HI 96814
808.595.8400 | CustomerCare@gshawaii.org

This form should be completed whenever changes are made that affect the group's Trip Application and submitted to the Service Unit Manager. This will inform the Service Unit Manager of your plans and will insure she/he has the most up-to-date information to ensure a safe and successful trip. Complete this form to identify your trip and indicate changes. If there are not changes, leave blank add any additional comments. Provide changes to your service unit and council at least 3 days prior. Confirm changes are received and approved before proceeding on your trip.

SERVICE UNIT & TROOP INFORMATION							For Neighbor Island trips girls must be 8+; Mainland trips girls must be 11+	
Service Unit #				Service Unit Name				
Troop #(s)				Troop Leader(s)				
Program Level(s)	Daisy	Brownie	Junior	Cadette	Senior	Ambassador		
Trip Type	Day	Simple	Overnight	Extended	High Risk			
Changes to	Roster	Insurance	Transportation	Lodging	Equipment	Itinerary		
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	

NOTICE OF CHANGES

ROSTER ADDITIONS							* Indicate Caregiver Phone and Email for minors on roster	
First Name	Last Name	Girl Level/ Adult Role	Troop #	Phone*	Email*	GS Member ?		
1						Yes	No	
2						Yes	No	
3						Yes	No	

ROSTER DELETIONS							
1						Yes	No
2						Yes	No
3						Yes	No

I am attaching additional participant information.

TRIP PARTICIPANTS & INSURANCE			
	# of Registered Girl/Girl Scouts Participating		# of NON Girl Scouts Minors Participating
	# of Registered Girl/Girl Scouts Participating		# of NON Girl Scouts Adults Participating
Yes	N/A, This group needs additional insurance to cover non-Girl Scout Members participants (tagalongs).		

GROUP EMERGENCY CONTACTS (Not traveling with this group)

# 1 Emergency Contact Name					
New EC Street Address					
New EC City		New EC ST		New ZIP	
New EC Email		New EC Ph		New EC Ph 2	

This person replaces EC: _____ on my original application. I am attaching add'l contact info.

FLIGHT INFORMATON (list layovers separately)

* All participants should travel together on flights

Airline	Departure Date	Departure Time	Flight No.	Departure From	Arrival to	Arrival Time
1						
2						
3						
4						

This replaces Flight(s)#: _____ on my original application. I am attaching add'l flight info.

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

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

This person replaces Driver: _____ on my original application. I am attaching add'l driver info.

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

New Rental Co (Owner) Name			New Rental Co Ph		
New Rental Co Address, C/S/Z					
New Vehicle Type	Rental Car	Rental Van	Chartered Vehicle	Personal Vehicle	New Confirm No
New Start Date / Time			New End Date / Time		

This replaces vehicle: _____ on my original application. I am attaching add'l vehicle info.

LODGING INFORMATION

New Lodging Site Name			New Lodging Ph		
New Lodging Address, C/S/Z					
New Lodging Type	___Hotel/Motel___	Camp___	Other:	New No of Rooms/Structures	
New Check-in Date / Time			New Check-out Date / Time		

This replaces Lodging at: _____ on my original application. I am attaching add'l lodging info.

ITINERARY / ACTIVITIES ADDITIONS

#	Date	Start Time	End Time	Activity	Location Name	Address	Phone
1							
2							
3							

I am attaching additional activity information.

Additional insurance is needed for special activities on this trip.

Our trip will no longer include this activity note on our original application: _____

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

Activity line #	Type	Trained Adult Name	Contact no, email	Cert. Exp Date
a				
b				
c				

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

Activity line #	Type	Special Equipment	Source
f			
g			
h			

I am attaching additional expert information.

I am attaching additional equipment information.

Our trip will no longer need this expert noted on our original application: _____

Our trip will no longer need this special equipment noted on our original application: _____

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.).

ACKNOWLEDGMENT LEADER/ADULT-IN-CHARGE

Three days prior to this trip I prior to the event I will review all documents and will confirm final details are complete with Council..

# 1 Trip Leader Name			
#1 Trip Leader Signature		#1 Sig 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 Signature		#2 Sig Date	

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

Council Rep. Name			
Council Rep. Signature		#GSH Date	