



# Extended Overnight Trip Application

Submission Date:

Trip Date:

SUBMIT TO: 1164 Bishop Street, Suite 200, Honolulu, HI 96813  
808.595.8400 | [CustomerCare@gshawaii.org](mailto:CustomerCare@gshawaii.org)

*\*Effective January 2021 - All Day Trips must be approved by Council. This policy will remain in place until all tiers of reopening have been reached and all emergency proclamations have expired for a 90 day period. This form should be submitted **Customer Care** no later than 2 weeks prior to the trip to insure the necessary information is submitted in case of emergency.*

## 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 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

First Name	Last Name	Girl Level/Adult Role/ Not GS	Troop #	Phone*	Email*	Covid Waiver?
1						Yes No
2						Yes No
3						Yes No
4						Yes No
5						Yes No
6						Yes No
7						Yes No
8						Yes No
9						Yes No
10						Yes No
11						Yes No
12						Yes No
13						Yes No
14						Yes No

I am attaching additional participant information.

## TRIP PARTICIPANTS & INSURANCE

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

## COUNCIL CERTIFIED TRAVEL CERTIFIED ADULT FOR THIS TRIP

Council Group Travel Certified Adult		Certified Date	
Council Group First Aid Certified Adult		Cert. Exp.	

## FLIGHT INFORMATION (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						
5						
6						
7						
8						

I am attaching additional flight information.

## LODGING INFORMATION

#1 Lodging Site Name		#1 Lodging Ph	
#1 Lodging Address, C/S/Z			
#1 Lodging Type ___Hotel/Motel ___Camp___Other:		#1 No of Rooms/Structures	
#1 Check-in Date / Time		#1 Check-out Date / Time	
#2 Lodging Site Name		#2 Lodging Ph	
#2 Lodging Address, C/S/Z			
#2 Lodging Type ___Hotel/Motel ___Camp___Other:		#2 No of Rooms/Structures	
#2 Check-in Date / Time		#2 Check-out Date / Time	

I am attaching additional lodging information.

## 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.

### GROUP EMERGENCY CONTACTS (Not traveling with this group)

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

### 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							
12							
13							
14							
15							
16							
17							
18							

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 no, 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**

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	

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