

Submit this request for approval prior to any troop/group travel according to timelines outlined in the [Girl Safety and Travel Guide](#).
For More Information, Contact: 808.595.8400 | CustomerCare@gshawaii.org

Trip Description

Application Type	<input type="radio"/> Local Field Trip <input type="radio"/> Day Trip <input type="radio"/> Overnight 1 to 2 nights (within your Island) <input type="radio"/> Overnight 3 nights or more AND/OR Inter-island AND/OR US Continental <input type="radio"/> International Trip
Description	

Troop & Service Unit Information

Troop #		Troop Leader(s)	
Service Unit #		Service Unit Name	
Program Levels	<i>Select all that apply</i> <input type="checkbox"/> Daisy <input type="checkbox"/> Brownie <input type="checkbox"/> Junior <input type="checkbox"/> Cadette <input type="checkbox"/> Senior <input type="checkbox"/> Ambassador		

Leader / Adult-In-Charge Information

#1 Trip Leader					
#1 Email		#1 Ph1		#1 Ph2	
#2 Trip Leader					
#2 Email		#2 Ph1		#2 Ph2	

All Trip Leader adults must:

- Be a current Registered Member.
- Have a verified Background Check.
- Be familiar with and follow GSH policies in: [Safety Activity Checkpoints](#), [GSH Volunteer Essentials](#) and [Girl Safety and Travel Guide](#)
- Troop Trip Roster must indicate at least one adult with First Aid/CPR/AED Certification.

Group Emergency Contacts Information *(Cannot be traveling with this group)*

#1 Emergency Contact Name					
#1 Emergency Contact Email		#1 Ph1		#1 Ph2	
#2 Emergency Contact Name					
#2 Emergency Contact Email		#2 Ph1		#2 Ph2	

Trip Insurance Information

This group needs additional insurance (as required for overnights 3 nights or more, inter-island travel, US Continental travel, International travel). See the Girl Safety and Travel Guide	<input type="radio"/> Yes	<input type="radio"/> N/A
The trip will also be submitting the High Risk Supplemental form.	<input type="radio"/> Yes	<input type="radio"/> N/A
This trip will also be submitting the Event Specific Permission Form to Council	<input type="radio"/> Yes	<input type="radio"/> N/A

Roster *must indicate at least one adult with First Aid/CPR/AED Certification. * Indicate Caregiver Phone and Email for minors.*

First Name	Last Name	Girl Level/ Adult Role	Troop #	Phone #*	Email*	GS Member? (yes/no)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

☐ I am uploading additional participant information.**Flight Information** *(List layovers separately)***All Participants should travel together on flights*

Airline	Departure Date	Departure Time	Flight #	Departure From	Arrival To	Arrival Time
1						
2						
3						
4						
5						

☐ I am uploading additional flight information.**Lodging Information**

#1 Lodging Name				#1 Lodging Phone #		
#1 Lodging Address						
#1 Lodging Type	<input type="radio"/> Hotel <input type="radio"/> Motel <input type="radio"/> Camp <input type="radio"/> Other: _____					
#1 Check-in Date / Time		#1 Check-out Date / Time		#1 No. of Rooms / Units		
#2 Lodging Name				#2 Lodging Phone #		
#2 Lodging Address						
#2 Lodging Type	<input type="radio"/> Hotel <input type="radio"/> Motel <input type="radio"/> Camp <input type="radio"/> Other: _____					
#2 Check-in Date / Time		#2 Check-out Date / Time		#2 No. of Rooms / Units		

☐ I am attaching/uploading additional flight information.

Itinerary / Activities *(including offsite meals/onsite meals, snacks do need to be listed)*

Date	Start Time	End Time	Activity	Location Name	Address	Phone #

☐ I am attaching additional participant information.

☐ As a Leader in charge, I have reviewed that the listed activities are approved in the [Safety Activity Checkpoints](#)

Drivers *(All drivers must be 21 years old or older and current members with background check)*

#1 Driver Name					
#1 Driver License #		#1 DL State		#1 DL Exp	
#1 Driver Email		#1 Ph1 #		#1 Ph2 #	
#1 Driver Insurance Co.		#1 Policy #		#1 Ins. Ph	
#2 Driver Name					
#2 Driver License #		#2 DL State		#2 DL Exp	
#2 Driver Email		#2 Ph1 #		#2 Ph2 #	
#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 Company			#1 Phone #		
#1 Company Address					
#1 Rental Vehicle Type	<input type="radio"/> Rental Car <input type="radio"/> Rental Van <input type="radio"/> Chartered Vehicle <input type="radio"/> Personal Vehicle				
#1 Start Date / Time		#1 Start Date / Time		#1 Confirmation #	
#2 Rental Company			#2 Phone #		
#2 Company Address					
#2 Rental Vehicle Type	<input type="radio"/> Rental Car <input type="radio"/> Rental Van <input type="radio"/> Chartered Vehicle <input type="radio"/> Personal Vehicle				
#2 Start Date / Time		#2 Start Date / Time		#2 Confirmation #	

☐ I am attaching additional Rental vehicle information.

Special Training Required For Activities: Camping, Life Guard/Swim Watcher, Skilled Expert

Type	Trained Adult Name	Phone / Email	Certification Exp. Date
First-Aid/CPR/AED Certified Adult			

Initial

- _____ 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 Health History Forms, Insurance requested by GSH Council have or will be submitted prior to the scheduled date of travel.

Signatures of Leaders / Adults-In-Charge

I agree to follow current GSH policies initialed above.

#1 Trip Leader Name			
#1 Trip Leader Signature		#1 Signature Date	

I agree to follow current GSH policies initialed above

#2 Trip Leader Name			
#2 Trip Leader Signature		#2 Signature Date	

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

Council Case Number			
Council Rep. Signature		GSH Signature Date	

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

Submit this completed form to Girl Scouts of Hawai'i Customer Care customercare@gshawaii.org