



Date: _____
 Service Unit: _____
 Troop/Group #: _____
 Program Level: D B J C S A

TRIP & HIGH-RISK ACTIVITY APPLICATION

Send completed application to Customer Care at customercare@gswpa.org or mail (5681 Route 6N Edinboro, PA 16412).
 Instructions for this application can be found [here](#) and on the Forms page of GSWPA's website. You can also complete this form [online](#).

Trip/Activity: Choose All That Apply			
<input type="checkbox"/> Short Trip	<input type="checkbox"/> Day Trip	<input type="checkbox"/> Overnight Trip	
<input type="checkbox"/> Extended Overnight (3+ nights)	<input type="checkbox"/> U.S. Trip	<input type="checkbox"/> International Trip	
<input type="checkbox"/> Over 200 Miles Roundtrip	<input type="checkbox"/> Non-GSWPA Campsite	<input type="checkbox"/> High-Risk Activity (Type: _____)	
Do you need help budgeting for your trip/activity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Troop/Group Adult Contact Information			
<u>Adult in charge:</u>			
Name: _____ Phone: _____ Email: _____			
<u>Troop/Group Emergency Contact:</u> This individual is not attending and will have a copy of the troop itinerary			
Name: _____ Phone: _____ Email: _____			
Certifications (Attach copies of cards)			
Does an approved volunteer who is attending have an active First Aid/CPR or other certifications on file with GSPWA?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name(s) of Certificate: _____			
If the First Aid/CPR or other certifications are not on file with GSWPA, please attach a copy of the relevant certification(s). Please make sure your name, the name of the certifying body, and the expiration date are clear in the copy.			
Trip/Activity Plans & Information			
If trip is more than one destination and more than two nights, create and attach a travel itinerary that includes travel information, arrival/departure dates, name of facilities, addresses and phone number.			
Start Date & Time: _____ End Date & Time: _____ Total # Nights: _____			
Primary Activity: _____			
Secondary Activity: _____			
Name of Facility/Place: _____ Phone: _____			
Facility Address: _____			
Street	City	State	ZIP Code
Is there a current certificate of liability insurance?			
<input type="checkbox"/> Yes, it's attached <input type="checkbox"/> Yes, it's already on file with GSWPA <input type="checkbox"/> No, I have requested it (Use this form to request it)			
Transportation: For more information refer to the transportation procedure <input type="checkbox"/> Car(s) <input type="checkbox"/> Rental Vehicle <input type="checkbox"/> Airline Name: _____			
Who is responsible for transportation to activity? <input type="checkbox"/> Parents <input type="checkbox"/> Approved Volunteers			
<input type="checkbox"/> Bus/Tour Company Name: _____			
Is there a current certificate of liability insurance for \$5 million minimum for the bus/tour company?			
<input type="checkbox"/> Yes, it is attached <input type="checkbox"/> Yes, it's already on file with GSWPA <input type="checkbox"/> No, I have requested it (Use this form to request it)			
Participant Numbers and Roster			
Expected Number Attending: Girls _____ Approved Volunteers _____			
Are all those who are going on the trip or participating in the activity members of GSWPA? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			
If no, enter contact information below for those who are NOT members of GSWPA. Note: You must purchase additional insurance to cover non-members for the duration of your trip and/or high-risk activity.			
Name	Phone	Email	Interested in Girl Scouts?
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Signature			
<input type="checkbox"/> I verify that we will review and comply with the Safety Activity Checkpoints for these activities/trips to ensure girl-adult ratio.			
<input type="checkbox"/> I have attached a brief itinerary for the trip and/or activity the girls will be participating in.			
<input type="checkbox"/> I have attached a First Aid/CPR certification to this application or the First Aid/CPR certification is already on file with GSWPA.			
<input type="checkbox"/> I understand that I am responsible for confirming membership status of all attendees. If there are non-members attending, I have purchased additional insurance.			
Troop/Group Leader Signature _____			Date _____