



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

TRIP & HIGH-ADVENTURE ACTIVITY APPLICATION

Send completed application to Customer Care at customer care@gswpa.org or mail (30 Isabella St, Suite 107, Pittsburgh PA 15212). Instructions for this application can be found [here](#). 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-Adventure 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>Adults 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 GSWPA? | | | |
| <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 | | | |
| 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"/> Registered Members | | | |
| <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 | | | |
| 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-adventure 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 bought additional insurance to cover them. | | | |
| Troop/Group Leader Signature _____ | | | Date _____ |