

## Girl Scouts of San Francisco Bay Area Trip and Activity Approval

Date received: \_\_\_\_\_

Date approved: \_\_\_\_\_

Approved by: \_\_\_\_\_

Complete this form

- 2 weeks prior for trips of 2 nights or less
- *or* 6 weeks prior for trips of 3 nights or more
- *or* 2 years prior for international trips

Leader Name: \_\_\_\_\_

Troop number: \_\_\_\_\_

Phone number: \_\_\_\_\_

Age level D B J C S

Email address: \_\_\_\_\_

Number of girls in troop: \_\_\_\_\_

Home address: \_\_\_\_\_

Number of girls participating: \_\_\_\_\_

City/Zip \_\_\_\_\_

Destination of trip: \_\_\_\_\_

Date and time \_\_\_\_\_ Mode of transportation \_\_\_\_\_

Activities \_\_\_\_\_

At home emergency contact name and phone number during trip

\_\_\_\_\_

List all attending adults and complete appropriate for each

Participating Adults	Car Insurance		Chaperone	First aid exp date	Registered Girl Scout	Leader Training
	Driver	Exp date				
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

Roster of attending girls and parents phone number during trip attached. Emergency phone numbers for attending adults are also included

Does each girl have a permission slip?

Does each girl have the appropriate health form?

Budget attached, showing cost of transportation, food, event fee, lodging, total cost, amount per girl, amount currently on hand

Do you need non member or extended trip insurance?

Do you have rental agreements to be signed? Please attach

**Submit this form to your Association Coordinator**

\_\_\_\_\_  
Association Coordinator Signature

\_\_\_\_\_  
Association

\_\_\_\_\_  
Date

