

Overnight Activity Application (Level 3 Trip)

Troop Information

Adult in Charge			
Address		Phone	Home
City	Zip		Work
Email			Cell
Troop #		Service Unit Name	
Grade Level	<input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> A	Total # Girls	Total # Adults

Activity Information

Start Date	Start Time	End Date	End Time
Trip Destination			
Description of Trip			
How did the girls decide on this trip?			
Do you have a signed Activity Permission Slip for each girl participant?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an updated health form for each girl and adult participant?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the trip meet all council procedures for Girl Scout trips, as well as recommended ratios of girls to adults and Safety Activity Checkpoints?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Transportation Information

Do the adult drivers have valid operator's licenses and car insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the vehicles being used in good repair?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Adult Certifications

Is an adult certified in First Aid/CPR participating in the trip?	Name	Certification Date
If camping, is a certified Troop Camp adult participating in the trip?	Name	Certification Date
Did an adult complete the troop travel training?	Name	Certification Date
If participating in any of the following activities, who will be the certified activity leader?		
Swimming (Lifeguard)	Name	Certification Date
Small Craft Safety & Boating/Rafting	Name	Certification Date
Basic Water Rescue	Name	Certification Date
Archery	Name	Certification Date
Horseback Riding	Name	Certification Date
Zip Lining	Name	Certification Date
Other:	Name	Certification Date

ADULT NAME	EMERGENCY CONTACT NAME	EMERGENCY PHONE #

If you need more space, submit an additional typed page that contains the above information.

Keep one copy for your records and send one copy to the GSOH travel team at travel@gsoh.org **at least four weeks before your trip.**