girl scouts of ohio's heartland

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 ☐ D ☐ B ☐ J ☐ C ☐ S ☐ A		Total # of Girls	Total # of 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?			☐
Do you have an updated health form for each girl and adult participant?			☐
Does the trip meet all council procedures for Girl Scout trips, as well as recommended ratios of girls to adults and Safety Activity Checkpoints?			☐

Transportation Information

Has the driver filled out the Safe Driver Form found at **go.gsoh.org/safedriver**?	☐ Yes ☐ No
Do the adult drivers have valid operator's licenses and car insurance?	☐ Yes ☐ No
Are the vehicles being used in good repair?	☐ Yes ☐ No

Adult Certifications

All adults required to complete Child Abuse/Neglect training.		
First Aid/CPR certified adult:	Name	Certification Date
If camping, Troop Camp certified adult:	Name	Certification Date
Adult who completed Troop Travel Trainings:	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

Emergency Contact

Who knows your plans, is not participating in the activity, and has a list of participants with contact information for parents/guardians?	Name	Phone Number

Roster Information

All names (both girl and adult) need to be full legal names as they would appear on their Girl Scout registration.

Girl Name	Age	Guardian Name	Guardian Phone #	Permission Slip?	Health History Form?

Adult Name	Emergency Contact Name	Emergency Phone Number

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.

Revised: 09/2026