

## WHEN NEEDED

- ANY overnight
- Day trips of at least 250 miles one-way
- ANY International trip

Complete this form in its entirety at least three weeks prior to your trip. International travel requires a minimum of 6 months prior to your trip. Member Services Executive (MSE) or designee must approve and sign your application **before** the trip takes place.

Submit to your MSE for approval and signature. Application must include the trip application, trip participant list, complete schedule, including time of departure to time of return. Leaders will be contacted only if additional trip information is needed.

Trip Application Forms (MS-50A/B) are available through your Neighborhood team, MSE or online at [www.girlscoutsaz.org](http://www.girlscoutsaz.org).

## Prior to filing your application be sure that:

- All girl members and leaders are registered with Girl Scouts–Arizona Cactus–Pine Council.
- Adults participating in the trip understand the purpose of the trip, health and safety requirements and their role as adults in girl/adult partnership.
- The trip is appropriate for your program level – e.g. consider length of time, distance, activities, and readiness of troop members.
- The cost of the trip is feasible for your troop and manageable for each individual troop member.
- Troop trip girl/adult ratio is in compliance with Girl Scouts of the USA Safety-Wise and GSACPC Council Policies and Standards.
- Trip plans are shared with all parents/guardians. For extended trips, it is necessary that a parent/guardian informational meeting be held.

**Note:** Be sure to take Girl Health History/General Permission Slip (MS-28), Adult Health Form (AE-48), Accident Insurance Claim Forms and a First Aid Kit on all trips. Arizona state law mandates that all children between the ages of 5 and 8 sit in a proper child safety seat such as a booster seat.

## ADDITIONAL INSURANCE

Additional insurance must be purchased for trips lasting more than two (2) nights or more than 3 nights if over an official Federal holiday weekend.

A Request for additional insurance (MS-47) must be submitted, with the appropriate fee, at least three (3) weeks prior to your trip for processing. Form can be downloaded online at [www.girlscoutsaz.org](http://www.girlscoutsaz.org).

Submit a copy of the Request for Additional Insurance and form of payment with the troop trip application.

Complete this form in its entirety. A copy of the Trip Participants List and completed schedule of trip must be submitted with the application.

Membership Services Executive (if known) \_\_\_\_\_

Area Team:     East     West     Extended

**TROOP INFORMATION**

Neighborhood \_\_\_\_\_ Troop(s) # \_\_\_\_\_

Program Level(s)    GS Daisy     GS Brownie     GS Junior     GS Cadette     GS Senior     GS Ambassador

Total Number of Participants:      girls \_\_\_\_\_      adults \_\_\_\_\_

**LEADER INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**CERTIFICATION – First Aider**

Adult Name \_\_\_\_\_

Address \_\_\_\_\_

Date Cert Expires \_\_\_\_\_

Phone \_\_\_\_\_

**CERTIFICATION – Troop Camp**

Adult Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Training \_\_\_\_\_

Phone \_\_\_\_\_

**TROOP/GROUP EMERGENCY CONTACT**

Your contact person listed below will need to have a complete schedule and trip participant list of the names, addresses and phone number of all trip participants.

Emergency Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**TRIP INFORMATION**

Name of Destination \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Website \_\_\_\_\_

Departure Date \_\_\_\_\_ Time \_\_\_\_\_ Return Date \_\_\_\_\_ Time \_\_\_\_\_

**TRAVELING BY**    Private Car     Council Charter Bus     Private Charter Bus     Airlines     Other \_\_\_\_\_

(Check Safety-Wise Guidelines)

Name of Bus Company (if applicable) \_\_\_\_\_

Trip planner must verify that the bus company or travel agency has a Certificate of Insurance on file with GSACPC. If not, please attach a clear copy of their certificate showing Girl Scouts–Arizona Cactus- Pine Council, Inc. as the Certificate holder. **Per Safety-Wise all contracts under Girl Scouts must have council staff signature.**

# TRIP APPLICATION

The information below **MUST BE COMPLETED** before approval can be considered for this application.

**BUDGET INFORMATION – please complete all information**

# of girls registered in troop _____	Total cost per person	\$ _____
# of girls participating in the trip _____	Troop funds will pay	\$ _____
	Participant will pay	\$ _____

**TRIP SCHEDULE – attach additional sheet if necessary**

Time/Meeting Place to Leave \_\_\_\_\_

Planned Stops \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Arrive at Destination \_\_\_\_\_

Activities at Destination \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gather to Leave \_\_\_\_\_

Planned Stops \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Return to Neighborhood/Home Around \_\_\_\_\_

Troop Leader's Signature \_\_\_\_\_ Troop # \_\_\_\_\_ Date \_\_\_\_\_

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**TRIP APPLICATION APPROVAL**

This application and troop participant list has been reviewed and approved by:

Membership Services Executive \_\_\_\_\_ Date \_\_\_\_\_

**THIS FORM WILL NOT BE PROCESSED WITHOUT THE MSE APPROVAL.**

# TROOP TRIP PARTICIPANT LIST

**INSTRUCTIONS:** Complete in duplicate and give one copy to Troop/Group Emergency Contact. One copy must accompany your Trip Application Form (MS-50a).

Neighborhood \_\_\_\_\_ Troop(s) # \_\_\_\_\_

Program Level(s)  GS Daisy  GS Brownie  GS Junior  GS Cadette  GS Senior  GS Ambassador

Start Date of Trip \_\_\_\_\_ End Date of Trip \_\_\_\_\_

Traveling to \_\_\_\_\_ Phone \_\_\_\_\_

Troop Leader \_\_\_\_\_ Phone \_\_\_\_\_

First Aider \_\_\_\_\_ Phone \_\_\_\_\_

	PARTICIPANT NAME	ADULT GRADE		PHONE
		(F/M)	(child)	
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	<b>PARTICIPANT NAME</b>	<b>ADULT</b> (F/M)	<b>GRADE</b> (child)	<b>PHONE</b>
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