Girl Scouts, Hornets' Nest Council
7007 Idlewild Road ● Charlotte, NC 28212
704-731-6500, Outside Mecklenburg 800-868-0528
Website: www.hngirlscouts.org

Troop Trip Application

This application is for high risk activities and overnight trips except for overnights at a leader's home or sponsorship, Service Unit events, or GSHNC events. In these cases, leaders are to follow procedures for day trips.

Before completing this application:

- ☐ Refer to the "Planning Trips with Girl Scouts" chapter in ***Safety-Wise.*** Be sure to follow all standards that apply to your trip and any activities you plan listed throughout the book.
- ☐ Submit this form, a list of all participants attending (girl and adult), and a detailed itinerary at least 4 weeks in advance to your Service Unit Manager. If this is an international trip submit this form 1 year in advance. For trips to the Juliette Gordon Low Birthplace, submit this form 6 months in advance. The reservation with the birthplace must be made directly with the birthplace 1 year in advance.

GENERAL

Troop Leader Name		Troop Number		Service Unit
Troop Leader Street Address		City, State		Zip
Day Phone		Evening Phone		Email Address
# Registered Girls_____ (attending)	# Women_____	# Men _____	# Tag-a-longs _____	**Total # of Participants _____**

TRIP INFORMATION & TRANSPORTATION

Destination		Complete Address	Mileage (one way)
Departure Date:	Departure Time:	Return Date:	Return Time:

SUPPLEMENTAL INSURANCE FEE SCHEDULE

Supplemental Insurance is required for trips lasting more than 2 consecutive nights (or 3 nights if one is a federal holiday). Supplemental Insurance is also required for non-registered adults and tag-a-longs for any overnight trip. Tag-a-longs are defined as younger siblings, boys, or a registered Girl Scout who is not of the proper age for the activity and is not participating as a service project. For example, a Brownie who goes on a trip with her older sister's Junior troop is considered a tag-a-long and must purchase additional insurance. However, a Cadette assisting with a Daisy troop overnight is covered, since she is performing service.

Send a check to GSHNC, payable to Mutual of Omaha. To calculate the amount, you must count each day of the trip starting with the day of departure and including the day of return. **There is a minimum charge of $5.**

☐ Plan 2 - Accident only: Total # of Participants _____ x # of Days _____ x 11 cents = $_____
☐ Plan 3E - Accident and Sickness: Total # of Participants _____ x # of Days _____ x 29 cents = $_____
☐ Plan 3P - Accident and Sickness*: Total # of Participants _____ x # of Days _____ x 70 cents = $_____
☐ Plan 3PI - International Accident and Sickness: Total # of Participants _____ x # of Days _____ x $1.17 = $_____

*Mutual of Omaha serves as the primary insurance.

VEHICLE INSURANCE

Please note: Vehicle insurance is the responsibility of the driver. Neither Girl Scouts, Hornets' Nest Council nor GSUSA is responsible for damages done to vehicles while driven by volunteers.

LEASED OR BORROWED VEHICLE REQUIREMENTS

According to Safety Wise, page 52, volunteers are not authorized to sign agreements or contracts for renting or borrowing vehicles. (Please note this does not apply to Leaders' and parents' personal vehicles.) A written agreement is required even when there is no cost. All contracts and agreements must be submitted to GSHNC Service Center to be signed by the person designated by the GSHNC Board of Directors. Include a certificate of insurance for the vehicle(s) or proof of purchase of insurance from the rental agency. **If renting a vehicle, you are required to purchase insurance from the rental agency.** Please note that failure to obtain GSHNC Staff signature on the agreement or contract can result in the trip being denied.

DRIVER INFORMATION – LIST ALL DRIVERS

Name Driver License State and Number

TRANSPORTATION

- ☐ Leader's/Parent's vehicle
- ☐ Borrowed vehicle (contract required)
- ☐ Leased vehicle (contract required)
- ☐ Vans
- ☐ Chartered Bus (contract required)
- ☐ Train
- ☐ Boat
- ☐ Plane, Flight #:_____

HEALTH AND SAFETY

Troop First Aider (Adult): Date Certification Expires _____	Emergency Contact Person (not going on trip): Phone Day: _____ Evening: _____ Cell:_____	Be sure your Emergency Contact Person: ☐ Has a copy of the complete itinerary ☐ Has contact information for all parents (Names and phone numbers) ☐ Knows GSHNC's emergency communication procedures (Daisy card)
Are any activities of greater risk than usual ☐ No ☐ Yes If yes, please list those activities:	Will there be any water activities (swimming, canoeing, etc)? If yes, please list those activities: ☐ No ☐ Yes List lifeguards or other certified individuals as required by ***Safety-Wise:*** Name Certification Type Expiration Date	

Are you planning activities such as Ropes Courses, Archery, Bouldering Wall, or Rapelling?
☐ No
☐ Yes

If yes, please list those activities here: Names of Facilitators: Date coursework complete:

OUTDOOR LEARNING

Please verify the appropriate courses have been completed by you or the outdoor trained adult for your troop (refer to the Troop Trip Requirements Chart in your FYI Troop Planner or on the website for courses required for specific types of trips).

Course	Name of person with course credit	Date of Course
☐ Exploring Outdoors or Be Safe, Be Ready		
☐ Troop Camp Preplan/Overnight (prior to June '09)		
☐ Fire Building & Outdoor Cooking (after June '09)		
☐ The Overnight Camp Experience (after to June '09)		
☐ Primitive Camping		
☐ Backpack Preplan/Overnight		

☐ I have completed the 3 required courses to be a Girl Scout Leader
_____Getting Started or Leader 101 _____Orientation _____Age Level/Leadership Essentials/Continuing the Excellence
(Date) (Date) (Date)

☐ I have read the **Safety-Wise** sections that pertain to this trip and have followed the prescribed safety standards in developing this trip. I understand that this trip may not be approved if all trip planning procedures and safety standards have not been met.

Leader Signature_____ **Date**_____

SERVICE UNIT APPROVAL

_____**Date Received by Service Unit Manager or Learning Coordinator**

____**Approved** ____**Not Approved, Reason**_____

Service Unit Mgr/Learning Coordinator Signature: _____ **Date**_____

GSHNC APPROVAL

_____**Date Received by Service Center**

____**Approved** ____**Not Approved, Reason** _____

GSHNC Staff Signature: _____ **Date**_____