

FOR OFFICE USE ONLY
PROGRAM
TROOP ACTIVITIES
YEAR _____

APPLICATION FOR ACTIVITIES AND TRIPS

Girl Scouts of Louisiana – Pines to the Gulf
1720 Kaliste Saloom Rd., Suite C-1
Lafayette, LA 70508-6140
T 337 984 1142 800 960 2093
F 337 984 2799
www.girlscoutsbayou.org

DIRECTIONS: Complete this form in its entirety. Send it to your membership specialist for approval at least **4 weeks prior** to trip. Remember to contact the director of office services for additional insurance if non-registered girls will participate or if the trip will last more than 2 consecutive nights.

Troop # _____ Program Age Level _____ Service Unit # _____

Leader's Name _____ Phone # (h) _____ (w) _____ (cell) _____

Address _____ City _____ Zip _____

email _____

Name of person in charge of activity, if not leader:

Name _____ Phone # (h) _____ (w) _____ (cell) _____

Address _____ City _____ Zip _____

email _____

Description of activity/trip _____

Attach a list of your activities for each day. Include travel time. Your lodging phone number will be considered your emergency contact number for that day.

Time, Date, and Place of Departure _____

Time, Date, and Place of Return _____

Training: List the adults with their phone numbers who have had the training appropriate to the activities planned. (Outdoor Education, First Aid, CPR, Archery, Canoe, Lifeguard, etc.)

Example: Jane Doe

555-5555

First Aid, CPR

Transportation: ___Private vehicle ___Train ___Leased vehicle ___Plane ___Chartered Bus
If leasing or chartering transportation, contact the director of office services for additional information.

At Home Emergency Contact:

Name _____ Phone # (h) _____ (w) _____ (cell) _____

Address _____ City _____ Zip _____

Complete Back Page

Registered Girls: (or attach copy of Troop Roster)

Name _____	Phone # _____
_____	_____
_____	_____
_____	_____
_____	_____

Name _____	Phone # _____
_____	_____
_____	_____
_____	_____
_____	_____

Registered Adults:

Name _____	Phone # _____
_____	_____
_____	_____

Name _____	Phone # _____
_____	_____
_____	_____

Non-Registered Children

Name _____	Phone # _____
_____	_____
_____	_____

Name _____	Phone # _____
_____	_____
_____	_____

Non-Registered Adults

Name _____	Phone # _____
_____	_____

Name _____	Phone # _____
_____	_____

As a troop leader I agree that:

- **A Girl Scout Permission Slip (P-518) will be obtained from each girl's parent or guardian.**
- **I have a Girl/Adult Health History (TO-508) on each person on the trip.**
- **The group will be accompanied by a minimum of 2 registered, non-related adults. One must be a female. Additional adults will be added as required by *Safety-Wise*.**
- **Specialized activities will be under the guidance and supervision of experienced persons who have been trained in skills appropriate to the activity and have been approved by the adult development director.**
- **All drivers are at least twenty-one years old (or are a registered leader or co-leader) and hold a valid driver's license.**
- **All vehicles comply with state laws by having required inspection stickers and drivers have provided proof of insurance.**
- **I have checked *Safety-Wise* guidelines for this event and will follow them. Guidelines may be found on page(s) _____**

Signature _____ Date _____

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Date Received _____	Action Taken Date _____	Action Taken By _____
Approved _____	Not Approved _____	Pending _____
Vehicle Ins. Needed _____	Add. Ins. Completed _____	Mutual of Omaha Ins. Needed _____
Comments: _____		