



# Activity and Quick Trip Approval

Girl Scouts of the Green and White Mountains  
Serving New Hampshire and Vermont  
PO Box 10832  
Bedford, NH 03110-0832  
888-474-9686

Please complete this form for all activities that are outside your regular meeting place or time. This includes day trips and overnights of one to two nights in length. Submit completed form to your Service Unit Team. If there is no Service Team please submit completed form to your Regional Office. Unapproved activities are not covered by Girl Scout liability or activity insurance.

**If this trip involves adults providing transportation for only their own daughters, you need to fill out the front of this form. If adults will be providing group transportation, please fill out both the front and back of this form.**

Troop/Group # \_\_\_\_\_ Service Unit # or Name \_\_\_\_\_

Troop Leader/Group Advisor (contact) \_\_\_\_\_

Complete address \_\_\_\_\_

Daytime phone (\_\_\_\_) \_\_\_\_\_ Evening phone (\_\_\_\_) \_\_\_\_\_

Current Program Age Level:  Daisy  Brownie  Junior  Cadette  Senior  Ambassador

1. Planned destination/activity: \_\_\_\_\_

2. Planned travel dates:  
 Day trip Date/Time \_\_\_\_\_  
 Overnight: From \_\_\_\_\_ to \_\_\_\_\_ # of nights \_\_\_\_\_

3. Anticipated number of registered: girls \_\_\_\_\_ adults: female \_\_\_\_\_ male \_\_\_\_\_

4. Anticipated number of non-registered: girls \_\_\_\_\_ adults: female \_\_\_\_\_ male \_\_\_\_\_

*(Supplemental insurance is required for any attendees not currently registered as Girl Scout members. The cost is nominal and is paid by the troop through the council.)*

5. Purpose of trip/activity: \_\_\_\_\_

6. Activity information: List any specialized activities in which you expect to participate: (swimming, horseback riding, etc.) \_\_\_\_\_

7. Planned accommodations during travel and at destination:  
 Not applicable (day trip)  Hotel/motel  Personal home  
 Group living, no outdoor cooking  Camping and/or outdoor cooking

8. Have you read Activity Checkpoints in *Safety-Wise* that pertain to all anticipated activities? Yes  No

9. What leader training is required for this activity? \_\_\_\_\_

10. Have you, or another adult attending, completed the required training for this activity? Yes  No

If yes, who \_\_\_\_\_

11. What girl planning occurred in preparation for this activity? \_\_\_\_\_

12. Are you planning to do additional fundraisers for this activity? Yes  No

13. Are there any agreements or contracts being required for this activity or travel? Yes  No

*(Attach copies of agreements) Note: the council CEO must sign all rental agreements and contracts.*

14. Emergency contact: \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

15. Certified First Aider: \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

**This form must be given to your Service Unit Team at least 2 weeks prior to the activity to start the approval process. Upon receipt, they will contact you with questions to complete the process or with approval for the activity to take place.**

## Transportation Plans

17. Drivers for this event: Names

License # and state of issue

Expiration

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. Do all drivers have proof of liability insurance?

Yes  No

19. If appropriate, are there enough child/booster seats for all girls according to state laws?

Yes  No

20. Are there enough seatbelts for all girls and adults?

Yes  No

21. Have you read the transportation policies as outlined in *Safety-Wise?* (pages 44-56)

Yes  No

22. All travel rental agreements, including those for sites and/or vehicles, are valid only when signed by the Girl Scouts of the Green and White Mountains CEO and must be submitted six weeks in advance. Have all rental agreements been submitted to the CEO?

Yes  No  N/A

23. Do you have an emergency plan that you will cover with drivers and girls?  
(Route, emergency procedures in case of accident/car trouble, road map (in vehicle), required rest stops, and Emergency Procedures Card.)

Yes  No

\_\_\_\_\_  
*Approval signature of Service Unit Team member or Regional Office*

\_\_\_\_\_  
*Date Submitted*

\_\_\_\_\_  
*Date Approved*