

Girl Scouts of Western Washington  
**Extended Trip Application--  
for Trips Lasting More Than Two Nights**

**At least 6 weeks in advance (6 months for BC, WA, OR, & ID; 1 year for other US & international trips)** the troop leader completes and gives this form to the service unit manager for approval. The SU manager sends the original to the GSWW regional office for processing by the area manager. A copy of the form will be sent to the troop leader and the SU manager for their records. **(If planning on traveling to Canada, please also complete Activity Permission Form for Entering Canada.)** Persons using this form must purchase additional insurance (refer to the GSWW website for details). Note: registered Girl Scouts are automatically covered for 2 nights or less (with a third consecutive night if one of the nights is a holiday) under the current Basic Insurance Plan.

Troop Leader Name: _____		Date: _____	
Mailing Address: _____			
Street	City	State	Zip
Email or fax: _____		Telephone: _____	
Program Level: _____		Affiliation: _____	
Second Adult for Trip: _____			
<input type="checkbox"/> A trip itinerary has been given to emergency contact and attached to this form (see p. 3).			
Emergency contact at home: _____		_____	
(Name)			(Telephone)

Girl Scout troop # \_\_\_\_\_ in service unit \_\_\_\_\_ is planning a trip to \_\_\_\_\_  
(Destination)  
on \_\_\_\_\_ and returning on \_\_\_\_\_ by \_\_\_\_\_. # Adults \_\_\_\_\_ # Girls \_\_\_\_\_  
(Date) (Date) (Mode of transportation)

What is the purpose of this trip? \_\_\_\_\_

Planned Girl Scout activities: \_\_\_\_\_

How are girls and adults involved in planning this trip? \_\_\_\_\_

**Budget:** How is this trip being funded? \_\_\_\_\_

Cost per person: \_\_\_\_\_ How are chaperone expenses being paid? \_\_\_\_\_

What fundraisers are planned? \_\_\_\_\_

**First Aid/CPR:** A level II first aider is required to be with the troop for all extended camping trips, 3 nights or more. A level II first aider requires a Red Cross "First Aid Responding to Emergencies" or equivalent. A level I first aider is required for troops staying in motels or home hospitality.

**For Camping or Specialized Activities: REFER TO SAFETY-WISE.** If activities on the trip require supervision by an adult with specific training, list these individuals below. Copies of all certifications (training card for Troop Camp Training or Trip & Travel) must be attached. **An adult with Troop Camp or Trip and Travel Training is required.**

Name of person with Troop Camp Training: \_\_\_\_\_ Training Date: \_\_\_\_\_

Name of person with Trip & Travel Training: \_\_\_\_\_ Training Date: \_\_\_\_\_

Name of person with Level I First Aid Certification: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of person with Level II First Aid Certification: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of person with Lifeguard Certification: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of person with Small Craft Certification: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of person with any specialized certification for this trip (skiing, horseback riding, etc.): \_\_\_\_\_

**Transportation:** For trips of 3 nights or more, *Safety Wise* requires that the driving record of all drivers is checked and there must be a relief driver for each car. Contact your area manager for assistance. Please have drivers complete the *GSWW Transportation Card*. Verify auto insurance on any rental cars being used and forward any contracts to your area manager for signature. Vehicle insurance is also available through the GSWW administrative office for rentals. If you are planning to charter a bus, you must work with your regional office to select a bus company. **Check *Safety-Wise* and your *Volunteer Guide* for additional information.**

**Insurance:** **Additional Girl Scout insurance is needed for a trip 2 nights or more.** Once GSWW approval is given for the trip, the insurance application form must be completed and returned, with a check made out to Girl Scouts of Western Washington, to the council administrative office in Seattle at least 1 month prior to the trip. Insurance forms are available at regional offices and on the council web site.

**Accommodations:** The leader or designated person must inspect or obtain a first hand report of the site to assess any hazards and the suitability for site use, as well as ensuring local and state regulations related to drinking water, sanitation, fire safety, building requirements, and waterfront safety are being observed. Leaders are responsible for following GSUSA, *Safety-Wise*, and GSWW policies relating to sites and overnight trips.

Sleeping areas/buildings:	Fire/Emergency Security:	Water Supply/Sanitation Facilities:
<input type="checkbox"/> Adequate space	<input type="checkbox"/> Fire/Emergency equipment is available and is in good condition	<input type="checkbox"/> One toilet per 20 people
<input type="checkbox"/> 2 separate, easily accessible exits	<input type="checkbox"/> Emergency procedures are reviewed	<input type="checkbox"/> Handwashing stations, 1 per 20 people
<input type="checkbox"/> Working Smoke Detectors	<input type="checkbox"/> Good safety procedures are practiced	<input type="checkbox"/> Safe drinking water is available
		<input type="checkbox"/> Garbage collection system is in place.
Food Service (kitchen facilities):	Waterfront/Pool:	
<input type="checkbox"/> Perishable food can be kept chilled at 40° or less	<input type="checkbox"/> Water depth in swimming areas is indicated.	<input type="checkbox"/> Separate boating and swimming areas (or not taking place at the same time)
<input type="checkbox"/> Cleaning equipment can be stored separately from food.	<input type="checkbox"/> Swim area is free from hazards.	<input type="checkbox"/> Lifeguards and equipment are available.
<input type="checkbox"/> Commercial kitchen is up to health codes.	<input type="checkbox"/> Diving is safe, or the area is posted "no diving"	<input type="checkbox"/> PFD's and boating safety equipment is available.
<input type="checkbox"/> Dishes can be washed, sanitized, & stored properly.	<b>See Information regarding Certificates of Insurance Below.</b>	

**Hold Harmless Agreements:** If you are participating in an activity that requires a waiver by GSWW, the waiver (hold harmless) should be forwarded to your area manager **at least 3 weeks prior to the event** with written proof of the site or event company's level of liability insurance. Your area manager will work with the Chief Operating Officer to resolve any issues raised by the Hold Harmless Agreement and to secure the necessary signature(s).

**Certificates of Insurance:** For activities at a site other than regular troop meetings or GSWW properties, the sites and events should carry at least \$1 million or more in liability insurance. When possible, Girl Scouts of Western Washington should be added as an additional insured to the site or event's insurance policy.

Signature of Leader or Adult in Charge of Event: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by & signature of Service Unit Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Please attach the following documentation if applicable (see the following pages):**

1. A list of girls traveling on this trip. Include their name, mailing address, city, state, zip, & telephone.
2. A list of adults traveling on this trip. Include their name, mailing address, city, state, zip & telephone.
3. Trip Itinerary. Include dates, locations, emergency contacts (name, address, telephone) at each location.

**For GSWW staff Use Only**

Your Trip has been approved  Your trip has not been approved.

Reasons for not approving trip: \_\_\_\_\_

GSWW Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original copy kept by GSWW**  
 Copy to Service Unit Manager  
 Copy to Troop Leader  
 Copy to GSWW Emergency Staff Person

### Trip Roster

Troop # \_\_\_\_\_ Adult in Charge: \_\_\_\_\_ Event Dates: \_\_\_\_\_

List Adults traveling with the troop					
Name	Driver (Y/N)	Mailing Address	City & State	Telephone	Emergency Contact Name & Telephone

List Girls traveling with the troop				
Name	Mailing Address	City & State	Telephone	Parent's Name

### Trip Itinerary

Dates	Location	Emergency Contact at Location (Name, address, telephone)

### Trip Roster Continued



Troop # \_\_\_\_\_ Adult in Charge: \_\_\_\_\_ Event Dates: \_\_\_\_\_

List Adults traveling with the troop				
Name	Mailing Address	City & State	Telephone	Emergency Contact Name & Telephone

List Girls traveling with the troop				
Name	Mailing Address	City & State	Telephone	Parent's Name

**Trip Itinerary Continued**

Dates	Location	Emergency Contact at Location (Name, address, telephone)

