

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.

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.

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 (F/M)	AGE (child)	PHONE
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	PARTICIPANT NAME	ADULT (F/M)	AGE (child)	PHONE
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