



CAMPING/TRAVEL APPLICATION FOR: (mark all that apply to your trip)

Trip outside the Council's jurisdiction
 All waterfront activities
 Camping on non-Council property
 Overnight trip on non-Council property
 Day trip

TROOP/GROUP LEADER: MUST send this original form to your Service Unit Manager for approval ONE MONTH PRIOR TO EVENT. The Service Unit Manager will forward the application to the Service Center for approval. Approval letter and copy of approved application will be returned to the troop leader. A copy of approval letter will be sent to Service Unit Manager.

SPECIAL NOTE: ADDITIONAL ACTIVITY ACCIDENT INSURANCE MUST BE PURCHASED ahead of time for all trips lasting more than two (2) nights or three (3) days and/or to insure all those attending that are not Girl Scout members (includes siblings, grandparents, parents, cousins, etc.)

Activity Date(s): _____ Activity: _____ Destination: _____
Application date: _____ S.U. #: _____ Troop #: _____ Program Level: _____ E-Mail: _____
Leader's Name: _____ Phone #: _____ Cell #: _____
Address: _____ City: _____ State: _____ Zip: _____
Accommodation (camp, motel, etc.): _____
Address: _____ City: _____ State: _____ Phone #: _____
Adult in Charge: _____ Telephone: Day _____ Night _____ Cell # _____
Address: _____ City: _____ State: _____ Zip: _____
Emergency Contact (not on trip): _____ Telephone: Day _____ Night _____ Cell # _____
Address: _____ City: _____ State: _____ Zip: _____
Does the site meet the applicable standards as described in the latest edition of Safety-Wise? _____
What is the source of water to be supplied? _____
Where is the local Fire/Police emergency located? _____
Where is the nearest phone? _____ Phone #: _____
What is the name and phone number of the nearest hospital to your destination? _____
Identify method of transportation: Private car Rental Commercial Other (specify)

List ALL drivers, license numbers, car tag numbers, and insurance information on reverse side.

If renting/leasing/borrowing a vehicle: you must fax a completed Palmer & Cay Hired & Leased/Borrowed Log and a Rental Agreement to the Council. If rental/lease/borrow, name of company: _____

***Number of People Attending in each group*:** Daisies: _____ Brownies: _____ Juniors: _____
Cadettes: _____ Seniors: _____ Adults: _____ Non-members: _____

Names REQUIRED (marked by *) and/or ACCOMPANYING VOLUNTEER STAFF:
Qualified First Aider (for *all activities): _____ First Aid _____ CPR _____
Outdoor Adult: (for *all activities:) _____
(Outdoor 1 for *Day Trip, and/or *lodge camping, Outdoor 2 for *overnight camping, and/or Cadette/Senior *trips over 3 days)
Name of person certified for Waterfront (lifeguard, canoeing, rafting *for waterfront): _____
Safety Wise requires the certificate number (or copy of certificate) and expiration date for each Waterfront certified person: _____
Cadette/Senior Program Aides: _____
All Other Adults: _____

