

Girl Scouts of the Appalachian Council, Inc
P.O. Box 3100 CRS
Johnson City, TN 37602-3100
423-929-8185 or 800-428-3991
fax 423-929-8117
info@girlscoutsappalachian.org



TROOP MEETING TIME TRIP APPLICATION

TROOP/GROUP LEADER: MUST send this original form to your SERVICE UNIT MANAGER or designee for approval TWO WEEKS prior to the event. This form is to be used only for troop trips taken during your specific meeting time.

Activity Date _____ Location/Destination: _____ Phone #: _____

S.U. #: _____ Troop #: _____ Activity Involved: _____

Number Attending in each Program Level: ___ Daisy ___ Brownie ___ Junior ___ Cadette ___ Senior ___ Adults

***Complete a roster (over) of names, addresses, and phone numbers of ALL those expected to go on the trip.**

Written Parent Permission is on file for all girls: ___ Yes ___ No

Leader's Name: _____ Phone #: _____ Cell #: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact (not attending): _____ Telephone: Day _____ Cell # _____

Identify method of transportation: ___ Private Car ___ Rental ___ Commercial ___ Walking ___ Public

Driving information is on file ___ Yes (check only if you have a Palmer and Cay form and a volunteer application and the driving information has not changed)

If driving information is **NOT** on file, complete the following:

| | | | |
|-----------------------|----------------------------|----------------------------|---------------------------|
| Driver's Name: | Auto License Tag #: | Driver's License #: | Insurance Company: |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

PLEASE CHECK THE TRAINING LEVEL FOR ADULTS ATTENDING:

| NAMES OF ADULTS ATTENDING | GENDER: FEMALE (F) OR MALE (M) | DOES THIS ADULT COUNT IN THE GIRL TO ADULT RATIO FOR THIS ACTIVITY? YES (Y) NO (N) | FIRST AIDE | BASIC LEADER SHIP | PROGRAM LEVEL | *OUTDOOR COURSE 1 |
|---------------------------|--------------------------------------|--|------------|-------------------|---------------|-------------------|
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*Required of at least one adult if going beyond the meeting place and into the world of out-of-doors.

This application has been approved: ___ Yes ___ No ___ Tentative

Comments: _____

Signature Service Unit Manager/Designee

Date

ROSTER OF ALL THOSE ATTENDING

| NAME | G/A | ADDRESS | CITY | STATE | ZIP | PHONE # |
|------|-----|---------|------|-------|-----|---------|
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