



Girl Scouts – Diamonds
Of Arkansas, Oklahoma and Texas

Service Unit _____
Program Year _____ to _____
Troop # _____
___ Daisy ___ Brownie ___ Junior
___ Cadette ___ Senior ___ Ambassador

TROOP TRAVEL APPLICATION

Registered Girls Attending _____ #Registered Adults Attending _____ Total Attending _____

Please check all that apply:

- ___ Participating in High Risk Activities (Check *Safety-Wise* for specific activities)
- ___ First-Aider w/CPR attending (Submit copy of certification with application)
- ___ I have read and agree to abide by all Safety-Wise requirements and Council policies
- ___ Our troop has completed a budget for this event
- ___ I have verified that all adult participants have Volunteer Application/Criminal Background check on file with Council
- ___ I have verified that all drivers and vehicles are registered and insured according to state requirements
- ___ I have attached my Participation Roster with all girl and adult names and emergency contacts for each
- ___ I have given a copy of my Troop Roster AND itinerary to my emergency contact
- ___ I have checked with my MMS regarding the purchase of additional insurance for trips of 3 or more nights.

FOR COUNCIL USE: Amount of Insurance Required: \$ _____ Check received from troop in the amount of \$ _____ Date _____
Rept # _____ Signature of MMS _____ Date _____

Leader/Adult in Charge _____

Day Phone (____) _____ Cell Phone (____) _____ May we text you? Yes No

Please list **another adult** who will be attending this trip: _____

Day Phone (____) _____ Cell Phone (____) _____ May we text them? Yes No

Destination Information (facility where activity is taking place) _____

Address _____ Phone # (____) _____

City _____ State _____ Zip _____

Troop/Group Emergency Contact (adult not on trip who will have your complete itinerary)

Name _____

Day Phone # (____) _____ Cell # (____) _____ Home Phone (____) _____

Travel by: ___ Private Vehicles – How many _____ ___ Parent drop off/pick up at location

___ Other (please explain) _____

SCHEDULE OF TRAVEL – Be sure to include return information (use additional sheet if necessary)

Date	Depart/Return Time	Location of Departure	Arrival /Departure Time	Location of Arrival	Primary Activity Ex. Camping, skiing, movie, etc.

For Camping Trips and/or Outdoor Cooking

Adult with outdoor certification _____

Certification Date _____ Location/Council of Certification _____

Signature of Leader/Adult in Charge _____ Date _____

Council Use Only

Date Application Received _____ Date of Council Response _____

___ Approved ___ Denied (if denied a letter of explanation will accompany this form)

Signature on MMS _____ Date _____

