

## **Short Trip/Camping Application\***

For any trip of 1 to 2 Nights or within 50 to 200 miles \*Including Camping Trips

Submit to your Community Coordinator (CC) or Membership Services Specialist (if there is no CC in your Service Unit) for approval at least 4 weeks prior to trip. Please keep a copy for your records. You will be notified about the status of your application within two (2) weeks from receipt of this form. For trips extending beyond these limits, completing and submitting the Extended Trip Application (GSMWLP Form # 6704) is required.

For more information, contact the Program Specialist at the Chisholm Service Center

Sondra Lowen: [slowen@gslakesandpines.org](mailto:slowen@gslakesandpines.org) | 218.254-5696 or 800.862-0875

Service Unit \_\_\_\_\_ Troop # \_\_\_\_\_ Troop Leader Name \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Cell) \_\_\_\_\_

Number attending for each program level: \_\_ D \_\_ B \_\_ J \_\_ C \_\_ S \_\_ A Number of registered adults: \_\_ F \_\_ M

Registered TRIP ADULT in charge: \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Destination \_\_\_\_\_ Trip Dates \_\_\_\_\_ to \_\_\_\_\_

Name of trip certified level one first aider \_\_\_\_\_

Name of certified lifeguard's name if water/pool activities \_\_\_\_\_

Camping Trip? \_\_yes \_\_no

- Does camping site have a storm shelter? \_\_yes \_\_no Emergency plan prepared? \_\_yes \_\_no
- Have you addressed storm shelter needs in your emergency plan? \_\_yes \_\_no
- Trip adult trained in Basic Outdoor Skills \_\_yes \_\_no

**Please attach:**

- 1) Roster of girl and adult participants with program level, home phone number(s), address and a family emergency contact person
- 2) Trip Itinerary to include overnight accommodation site/s, address and phone number(s) and daily activities site/s with address, phone number(s), and times you will be at each location. Be sure to include special consultants or organizations involved and planned safety precautions/equipment.
- 3) Budget- refer to the attached Short Trip/Camping BUDGET WORKSHEET form#6703.2.

**TROOP'S EMERGENCY CONTACT** (Adult not traveling with the troop, but able to be contacted during the trip.)

Name \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

### **Trip Requirement Checklist:**

- All girls and Safety-Wise adults are registered with GSUSA or additional insurance has been purchased through GSMWLP to cover non-registered adults.
- Completed **Girl Health History Record** (form #3801g) and signed **Parent/Guardian Permission Form** (form #3803) for each girl.
- Completed **Adult Health History Record** (form #3801a) for each adult.
- GSMWLP emergency contact information is available.
- Safety-Wise appropriate \_\_adult to \_\_girl ratio is met.
- First aid kit is available.
- Private vehicle transportation: all drivers have proof of driver's license and insurance information, have working seat belts for each passenger, enough room for safe luggage storage, and a first aid kit in each vehicle.
- Appropriate and safe equipment will be used.
- Refer to Safety-Wise for horseback riding, skiing, rock climbing, water activities, high risk, restricted activities etc.
- Refer to Safety-Wise for camping requirements.
- Emergency Contact has a roster and itinerary (as described above) and GSMWLP emergency contact information.
- Participant's Families have a trip itinerary (as described above) and emergency contact phone number(s)/address.

### **Trip follow-up:**

Remember to have a troop discussion about the trip planning process and what they learned from it. Share your trip with others! Submit a photo and short summary of your trip to your local newspaper.

## GSMWLP Short Trip/Camping Application Short Trip/Camping BUDGET WORKSHEET

### PROJECTED INCOME

**Amount to come from existing troop treasury:**

(dues and profit from Fall Product and Cookie Sales and other money-earning projects)

\$ \_\_\_\_\_

**Amount to be paid by girls:**

(encourage girls to do some type of service to earn money for their activities)

\$ \_\_\_\_\_

**Amount paid by families:**

\$ \_\_\_\_\_

**Amount to be raised by other money-earning projects:**

(money-earning projects require submitting a money-earning form # 4704 found on the GSMWLP web site at [www.gslakesandpines.org](http://www.gslakesandpines.org))

\$ \_\_\_\_\_

**INCOME TOTAL: \$ \_\_\_\_\_**

### PROJECTED EXPENSE

**Transportation:** (include gas expense if applicable)

\$ \_\_\_\_\_

**Lodging:**

\$ \_\_\_\_\_

**Food:**

\$ \_\_\_\_\_

**Recreation/Activities/Admission Fees:**

\$ \_\_\_\_\_

**Spending Money:**

\$ \_\_\_\_\_

**Emergency Fund:** (troop should determine appropriate amount)

\$ \_\_\_\_\_

**EXPENSES TOTAL: \$ \_\_\_\_\_**

### Signature(s) Required

- This trip meets all applicable standards as stated in Safety-Wise and the GSMWLP Volunteer Resource Guide.
- Required additional information (roster and itinerary) is attached to this application.
- If our trip plans change, I will notify my Community Coordinator (or Membership Services Specialist).

Please Print Name of trip adult in charge /leader \_\_\_\_\_ Date \_\_\_\_\_

Signature of trip adult in charge /leader \_\_\_\_\_ Date \_\_\_\_\_

### To Be Filled Out By Community Coordinator (or Membership Services Specialist if no CC)

Trip Approval \_\_\_HAS or \_\_\_ HAS NOT been granted.

Reasons/comments \_\_\_\_\_

CC (or Membership Services Specialist) \_\_\_\_\_ Date \_\_\_\_\_