Trip/Activity Notification

Check all that apply:

		Minimum Training Required
❑ Service Unit	❑ **Intends to Travel Out-of-Council**	Volunteer Essentials *
❑ Troop	❑ **Activity Involving Special Equipment** (swimming, horse back riding, etc. Refer to Safety Activity Checkpoints)	Volunteer Essentials, FA/CPR, Specialist **
	❑ **Overnight in an Indoor Facility**	Volunteer Essentials, FA/CPR, Indoor
	❑ **Overnight in an Outdoor Facility**	Volunteer Essentials, FA/CPR, Indoor,Outdoor

(*Please refer to Safety Activity Checkpoints for clarification on when FA/CPR is required)

Please complete information below, attach required documentation, and give it to your Consultant or Service Unit Team designee at least **three weeks in advance** of activity date. Consultant/designee forwards it to the Membership Services Manager.

Service Unit #_____ Troop # _____ Level: _____

Day/Date of Activity: _____ to _____

Leader Name: _____

Address: _____

Email:_____

Phone # (s): _____

Activity/Destination: _____

Address: _____

_____

Phone: _____

Attach itinerary/schedule of activities

Include phone numbers and departure/arrival times & locations.
(For trips of three nights or more, refer to Safety Activity Checkpoints)

Travel Arrangements: ❑ Bus* ❑ Car ❑ Other*

*If hiring professional services, contact council for approval.

Back-Home Emergency Contact: _____

Phone # (s): _____

This person must have copies of your participant list with emergency contact information, trip itinerary and must be available by phone during the entire activity

Attach copies of current training cards.

GS Trained Adult(s): _____

CPR Trained Adult(s): _____

FA Trained Adult(s): _____

**Certified Specialist: _____
(i.e.: lifeguard)

_____
Agency issuing specialist certification

Attach a list of names and emergency contacts for all persons attending.

_____ Girls

+_____ Adults

+_____ Non-Girl Scout children*
(*optional insurance available)

+_____ Non-Girl Scout adults*
(*optional insurance available)

=_____ Total Attending

❑ **Extended Trip Insurance has been purchased**
(For three nights or more)

I verify that our troop is covered by ALL required training for this trip or activity. I will obtain "Adult & Girl Health History" forms when necessary for each person attending and "Parent Permission Slips" for each girl. I have read the sections of Safety Activity Checkpoints and Girl Scouts Heart of the Hudson Volunteer Essentials that apply to my activity.

Signed: _____ *Date:* _____
Leader Signature

Signed: _____ *Date:* _____
Consultant/Service Unit Team Designee

For Office Use Only

__ Approved __ Denied

Date _____ Staff _____

Action taken _____

_____

Girl Scouts Heart of the Hudson, Inc.

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