Trip/Activity Notification

Check all that apply:			Minimum Training Required	
-	ntends to Travel Out-c Activity Involving Spec		Volunteer Essei	ntials ^ ntials, FA/CPR, Specialist **
. ((swimming, horse back riding,	etc. Refer to Safety Activity	Checkpoints)	·
	Overnight in an Indoor			ntials, FA/CPR, Indoor
	Overnight in an Outdoo		Volunteer Essei ts for clarification on whe	ntials, FA/CPR, Indoor,Outdoor
	(Flease lelei to <u>Sai</u>	ety Activity Checkpoin	is for clarification on whe	en PA/OPK is required)
			I give it to your Consultant wards it to the Membersh	t or Service Unit Team designee a ip Services Manager.
Service Unit #				
Day/Date of Activity: to			Include phone numbers and departure/arrival times & locations. <i>Please refer to <u>Safety Activity Checkpoints</u> for all trips.</i>	
Leader Name:			ii tiips.	
Address:			Travel Arrangements: □Bus* □Car □Train □Other* *If hiring professional services, contact council for approval.	
Email:				
Phone # (s):			Back-Home Emergency Contact: Name:	
Activity/Destination:			Phone # (s):	
Address			This person must have copies of your participant list	
Address:				information, trip itinerary and one during the entire activity.
Phone:				and back home emergency
			contacts for all persons attending. Adults on the trip may NOT be their own or their child's	
Attach co	pies of current trai	ining cards		ency contact.
Allacii co	pies of current trai	illing cards.	_	,
GS Trained Adult(s):			Girls	
CPR Trained Adult(s):			+ Adults	
FA Trained Adult(s):			+ Non-Girl Scout children* (*optional insurance available)	
*************************			(Options	illisurance available)
**Certified Specialist:(i.e.: lifeguard)			+Non-Girl Scout adults* (*optional insurance available)	
				·
Agency issui	ng specialist certification	1	= I otal A	ttending
I verify that our troop	is covered by ALL requi	red training for this trip	or activity. I will	
	ssion Slips" for each girl			For Office Use Only
	ry for each person attend			Approved Denied
to my activity.	and <u>Girl Scouts Heart of</u>	tne Hudson Volunteel	<u>r Essentiais</u> that apply	Date Staff
to my donvity.				Action taken
Signed:			Date:	
			5 /	
Signed: Date: Consultant/Service Unit Team Designee				
Girl Scouts Heart of the Hudson, Inc.				
65 St. James Street 162 Bloomingburg Road 211 Red Hill Road 2 Great Oak Lane 3 Neptune Road				
Kingston, NY 12401 845.790.2326	Middletown, NY 10940 845.236.6002	New City, NY 10956 845.638.0438		
EAV:045 220 6002	EAV: 945 600 7251	EAV: 045 620 2004	EAV: 014 747 4262	EAV: 045 452 1070