



## TRIP/CAMPING & HIGH-RISK ACTIVITY APPLICATION

- COMPLETE** this application for:  
 Travel of more than 200 miles round trip     Any High-Risk Activity     Any overnight stays – including camping
- ATTACH** any additional required forms/documents:  
 **Additional Insurance Form and fees** To cover non-members for any trip/activity and for all participants on trips/activities of more than two nights.  
 **Trip Itinerary**     **Trip Budget**     **Trip Roster**
- SUBMIT** completed application and any additional required forms to your membership manager by: Short/Day/Simple overnight: 4 weeks in advance, Extended overnights: three months in advance, International trips: six months in advance.

**STOP** Need help? Contact your membership manager or [tripspecialist@gswpa.org](mailto:tripspecialist@gswpa.org). Or refer to the following procedures: Trip Procedure, High-Risk Activity, Additional Activity Insurance, Certificates of Insurance, and Transportation Procedures

### TROOP/GROUP INFORMATION

Troop # or Group name \_\_\_\_\_ Service Unit# \_\_\_\_\_

Girl Scout Daisy (grades K-1)     Girl Scout Brownie (grades 2-3)     Girl Scout Junior (grades 4-5)  
 Girl Scout Cadette (grades 6-8)     Girl Scout Senior (grades 9-10)     Girl Scout Ambassador

Troop/group leader \_\_\_\_\_

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

Phone-Day \_\_\_\_\_ Evening \_\_\_\_\_

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

### TRIP PLANS—Check ALL that apply

- Short Trip—points of interest in neighborhood     Day Trip     Overnight Trip  
 Extended overnight (3+nights)     National trip     International trip  
 High-Risk Activity     Over 200 miles roundtrip     Camping—GSWPA campsite  
 Camping—non-GSWPA campsite

Expected number attending: Girls \_\_\_\_\_ Adults \_\_\_\_\_

Destination/Purpose \_\_\_\_\_

Trip dates: From \_\_\_\_\_ To \_\_\_\_\_ Estimated travel time to destination \_\_\_\_\_

Type of lodging (for overnights)     Hotel/motel     GSWPA Camp     Non-GSWPA Camp  
 Other \* describe \_\_\_\_\_

Lodging Name \_\_\_\_\_ Phone \_\_\_\_\_

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

**TRIP ITINERARY**— Attach an overview of your trip plans. Note MAJOR activities/events only

**TRIP BUDGET**— Attach a budget including costs for lodging, food, transportation and activities

**TRIP ROSTER**— Attach a roster listing all trip attendees, including girls and adults, members and non-members. Note all adults need to be registered and have background checks completed

**STOP** If any trip lasts longer than 2 overnights and/or any non-members are attending, you will need to purchase additional activity insurance. For more information please refer to the [Additional Activity Insurance Procedure](#)

