

Worcester Leadership Center: 115 Century Drive Worcester, MA 01606 Holyoke Leadership Center: 301 Kelly Way, Holyoke, MA 01040-9683 Fax 413-536-1383

Activity and Travel Form Simple Field Trips, Outings or Day Trips

An Activity and Travel Form is needed for every activity held by troops, service units, or groups of Girl Scouts that goes beyond the regular troop meeting time and place. The planned activity must be consistent with Girl Scout *Safety Activity Checkpoints*. **Complete this form 3 weeks in advance of your activity.**

Submit this signed form to your service unit representative, or in the absence of a service unit representative, e-mail to your Membership Services Specialist. An electronic signature is acceptable.

Troop/Group Information				Pro	Program Level:		
Troop #: Service Unit:				0 [Daisy	O Cadette	
Person Completing Form:				O E	Brownie	O Senior	
Phone:					unior	O Ambassador	
Activity and Travel Info	ormation						
Destination Name:							
(Please note	e: Girl Scout Daisies may	travel no furtl	ner than 1 hour away	y from home)			
Destination Address:				Phone:			
Planned Activities:							
How do these activities r	elate to the Girl Scout Le	eadership Exp	erience?				
Date of Trip:		Departure	Time:	Return Time	:		
Name of registered and	CORI'd Girl Scout leader	, who has com	pleted appropriate	training, leading	girls in this a	ctivity:	
		(R	efer to Volunteer Es	ssentials for requ	ired training	s).	
Certified First Aider(s): _							
Back Home Contact*:			Phone:				
* In case of an emergend	cy, the leader/adult in ch	arge will notify	the person above, i	who will notify th	e parents.		
(Initial) have r	eviewed Volunteer Esse	<i>ntials</i> and the	Safety Activity Chec	ckpoints. This tri	o meets all re	equirements.	
(Initial) Alladul	ts required to meet girl-a	adult ratios pe	r Volunteer Essentic	als are registered	land CORI'd		
Please provide a detailed Additional insurance is s (Plan 2) through any of t gscwm/documents/MBf	trongly recommended f he council service cente	or non-registe rs or on the co	red participants. Ol	btain an applicat	tion for addit	tional insurance,	
Please note: All adults a	ttending a Girl Scout o	ernight MUS	「be currently regis	tered members	of GSCWM.		
Number of Registered G	irl Scout Members:	Girls	Female Adults	Male Adults	Boys		
Number of Non-Register	ed Participants:						
Total Cost per Person:	\$	Troop Sha	re per Person: \$				
If additional money-earr	ning activities are require	d, have the fo	rms been submittee	d for approval?	O Yes	O No	
Signature of Leader:				Date:			
-	(Electronic Signature i	s acceptable)					