

Girl Scouts of Michigan Trails

TRIP SLIP

To be completed for any all-day excursions or overnight trips. Consult the "*Taking Trips*" section of your Leader Handbook and Safety-Wise for more information.

PLEASE PRINT:

Leader's Name _____

Address _____ City _____ Zip _____

Phone (Day) _____ (Evening) _____

Troop No. _____ Age Level _____ # of Girls _____ NBHD Mgr. _____

Location of trip _____

**Address of destination _____

Date(s) of trip _____

Departure location & time _____

Return location & time _____

**Method of travel: _____ Personal Vehicle
_____ Rented Vehicle
_____ Bus
_____ Train
_____ Air

(Please remember that each passenger must wear a seatbelt while travelling.)

If a personal or rented vehicle is being used, please list the driver's name, make of vehicle and auto insurance carrier.

	<u>Name</u>	<u>Make of Vehicle</u>	<u>Insurance Carrier</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Name(s) of additional adults accompanying your group: _____

Local contact person _____ Phone (Day) _____ (Evening) _____

A currently certified First Aider, LPN, RN, EMT, or Physician must accompany you on your trip.

Name _____ Certification Expiration Date _____

PLEASE ATTACH A COPY OF CERTIFICATION.

(See Safety-Wise page 19)

PLEASE COMPLETE REVERSE SIDE OF THIS TRIP SLIP

IF TROOP CAMPING:

Name(s) / Number of adult(s) with Basic Outdoor/Troop Camp Training who will accompany you:

I have read and understand Safety-Wise standards and activity checkpoints for this activity:

Leader's Signature _____

Date _____

****Note:** If any **contracts** must be signed, they must be submitted to the council and signed by the Executive Director. Volunteers do not have the authority to enter into agreements or contracts.

**SEND THIS COMPLETED FORM TO THE SERVICE CENTER.
(Attention: Membership Specialist)**

NO LATER THAN 3 WEEKS PRIOR TO YOUR TRIP

Girl Scouts of Michigan Trails
Contact Person Information Sheet

Give this completed form to your emergency contact person.

PLEASE PRINT:

Troop No. _____ Age Level _____

Leader's Name _____

Address _____ City _____ Zip _____

Phone _____

Date(s) of trip _____

Departure location _____ Departure time _____

Return location _____ Return time _____

ADULTS GOING ON TRIP:

	<u>Name</u>	<u>Address</u>	<u>Area Code/Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

GIRLS GOING ON TRIP:

	<u>Name</u>	<u>Address</u>	<u>Area Code/Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____

(Use an additional sheet if necessary.)

On the reverse side, please describe your complete itinerary, including the route you will be taking, and estimated arrival and departure times from any stops you may be making.