



Girl Scouts of Central Maryland  
 4806 Seton Drive  
 Baltimore, MD 21215  
 410-358-9711, 1-800-492-2521  
 www.gscm.org

### GIRL SCOUT TRIP APPLICATION

Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

Adult in Charge: \_\_\_\_\_ Service Unit #: \_\_\_\_\_ Troop/Group #: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip Code  
 Phone: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ Email: \_\_\_\_\_

Destination and Purpose: \_\_\_\_\_

Campsite/Hotel/Lodging: \_\_\_\_\_

Date & Time of Departure: \_\_\_\_\_ Date & Time of Return: \_\_\_\_\_

# Girl Scouts Attending: Daisy \_\_\_\_ Brownie \_\_\_\_ Junior \_\_\_\_ Cadette \_\_\_\_ Senior \_\_\_\_ Adult: Female \_\_\_\_ Male \_\_\_\_

# Non-Girl Scouts Attending: Girls \_\_\_\_ Boys \_\_\_\_ Adult Females \_\_\_\_ Adult Males \_\_\_\_

First Aider \_\_\_\_\_ Type of Certification \_\_\_\_\_

Camping Certified Adult \_\_\_\_\_ Type of Certification \_\_\_\_\_

Nearest Medical Facility \_\_\_\_\_ Phone \_\_\_\_\_  
 Name

Address of Medical Facility \_\_\_\_\_

Lifeguard (Water Activities Only) \_\_\_\_\_

Method of Travel - To and From Event: \_\_\_\_\_ Company's Name: \_\_\_\_\_

Method of Travel During Event: \_\_\_\_\_ Company's Name: \_\_\_\_\_

**CERTIFICATE OF INSURANCE MUST BE ON FILE AT GIRL SCOUTS OF CENTRAL MARYLAND FOR ALL BUSES LEASED FOR GIRL SCOUT ACTIVITIES (Council Approval needed; council signature needed for contracts over \$2,000). Submit a brief itinerary of your trip with your trip Application**

Emergency Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

**Budget:** Cost of trip \$ \_\_\_\_\_ Cost per girl \$ \_\_\_\_\_ Cost per adult \$ \_\_\_\_\_ Troop/Group Contribution \$ \_\_\_\_\_

Has troop/group applied for Grant? \_\_Y\_\_N

Statement of Driver(s): I have a valid driver's license \_\_Y\_\_N I have automobile insurance \_\_Y\_\_N

Troop Leader: \_\_\_\_\_ / \_\_\_\_/\_\_\_\_

Print Name Signature Date

Service Unit Manager: \_\_\_\_\_ / \_\_\_\_/\_\_\_\_

Print Name Signature Date

Membership Specialist: \_\_\_\_\_ / \_\_\_\_/\_\_\_\_

Print Name Signature Date

White Copy – Service Unit Manager or Designee  
 Yellow Copy – Membership Specialist/Council  
 Pink Copy – Troop Leader

03-828  
 04/07