



Worcester Leadership Center:
115 Century Drive, Worcester, MA 01606

Holyoke Leadership Center:
301 Kelly Way, Holyoke, MA 01040
Fax 413-536-1383

Activity and Travel Form (side 1)

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. Submit this form to your Membership Specialist cc'ing your service unit representative.

For Simple Field Trips, Outings & Day Trips Complete Side 1 at least 3 weeks in advance
For High Risk Activities, Out-of-State Travel & Overnights (1- 2 nights) .. Complete Both Sides at least 4 weeks in advance

**For Overnights of 3 nights or more and all International Travel Complete the "Extended Trip/Travel Form"

Troop/Group Information

Program Level:

Troop #: _____ Service Unit: _____

o Daisy o Cadette

Person Completing Form: _____

o Brownie o Senior

Phone: _____ E-mail: _____

o Junior o Ambassador

Activity and Travel Information

Destination: _____

(Please note: Girl Scout Daisies may travel no further than 1 hour away from home)

Destination Address: _____ Phone: _____ Planned Activities: _____

How do these activities relate to the Girl Scout Leadership Experience? _____

Date of Trip: _____ Departure Time: _____ Return Time: _____

Adult Leading Activity (if different than above): _____ Certified First Aider(s): _____

Back Home Contact*: _____ Phone: _____

* In case of an emergency, the leader/adult in charge will notify the person above, who will notify the parents.

___ (Initial) I have checked Volunteer Essentials and the Safety Activity Checkpoints and this trip meets all requirements.

___ (Initial) A Registered and CORI'd Girl Scout volunteer, who has completed appropriate training, is leading the girls in this activity (refer to Volunteer Essentials to review required trainings).

___ (initial) All adults required to meet girl-adult ratios per Volunteer Essentials are registered and CORI'd.

Please provide detailed breakdown of the participants.

Remember, during troop field trips, overnights, and outings only registered Girl Scout members are insured by GSUSA.

Troops need the correct adult child ratio of registered volunteers (at least one person identifies as a woman) at all trips and events.

Number of Registered Girl Scout Members: Girl Scouts Women Other Adults Other Children

Number of Non-Registered Participants: _____

Total Cost per Person: \$ _____ Troop Share per Person: \$ _____

If additional money-earning activities are required, have the forms been submitted for approval? [] Yes [] No

Signature of Troop Program volunteer _____ (Electronic Signature is Acceptable) Date: _____

Activity and Travel Form (side 2)

For High Risk Activities, Out-of-State Trips and Overnights of 1-2 nights

For an updated list of High Risk activities and activities that are restricted and never allowed, please refer to Safety Activity Checkpoints on the council’s website.

Adult Training Information

Please provide the names of all trained or certified adults who will be participating in this activity. Refer to *Volunteer Essentials* for a list of specific trainings needed to lead activities and *Safety Activity Checkpoints* for complete requirements regarding your particular trip and activities.

Explore Out Trained Adult: _____ Sleep In Trained Adult: _____

Cook In Trained Adult: _____ Cook Out Trained Adult: _____

Sleep Out Trained Adult: _____ Outdoor Overnight Trained Adult: _____

Certified Adult Lifeguard: _____

Has lifeguard completed the Waterfront Module (required to guard on lakes, rivers and oceans.): Yes No

Specialized Training(s): _____ (i.e. Challenge Course, Boating, Rock Climbing, etc.)

Trained Adult: _____

Girl Scout Progression

Please check the progression steps that the girls attending this activity have completed (Refer to *Volunteer Essentials* for information on Girl Scout Progression in Activities).

- Short Trip
- Day Trip
- Twilight Trip
- Outdoor Skills
- Hiking/Backpacking - **please provide details of troop member’s experience:**
- One-Night Indoor Overnight
- Multi-Night Indoor Overnight
- One-Night Outdoor Overnight in a Rustic Cabin/Tent
- Multi-Night Outdoor Overnight in a Rustic Cabin/Tent

Verification of Insurance for High Risk Activities

A Certificate of Liability Insurance is required for ALL High Risk Activities. Please refer to the listed certificates of insurance one file with GSCWM on the council website to check if the organization has a certificate on file with GSCWM; if not, please submit one with this form.

- Active certificate on file with GSCWM
- Certificate attached

____ (initial) The organization provides all necessary specialty equipment (i.e. helmets, PFDs, harnesses, ropes, etc.)

Please attach copies of agreements or contracts required to participate in this activity.

Please attach copies of any waivers that parents are asked to sign to participate in this activity.

Vehicle Leasing (please attach a Certificate of Liability Insurance)

***Note that GSCWM must review rental agreement prior to authorizing the finalization of rental.**

Company Name: _____ Company Address: _____

Pick-up Date: _____ Drop-off Date: _____ Number of Drivers: _____ Number of Passengers: _____

____ (initial) All drivers and passengers are GSCWM registered members.

____ (initial) We are purchasing additional insurance from the vehicle rental company.

____ (initial) All drivers are currently licensed in the State of Massachusetts and carry personal automobile insurance.

Please Note: GSCWM will not authorize the rental or use of a 15 passenger van without documented driver training.

Signature of Troop Program volunteer: _____ (Electronic Signature is Acceptable)

Date: _____