

**Submit at least one week prior to your trip to your Service Unit Manager or Service Unit Trip Advisor.
Please send all COI(s) to memberservices@gsep.org.**

Section 1–Trip Activity Information			
Today's Date:	Troop No:	Service Unit No: Service Unit Name:	
Trip Leader Name:			
Address:	City:	State:	ZIP:
Phone Number:		Email:	

Adult certifications and trainings (if req'd.):		
Name	Certification/Training	Date
	First Aid and CPR	
	Other	

Number of Registered Girl Scout Participants:						
Daisy	Brownie	Junior	Cadette	Senior	Ambassador	Adults
						F M

*Number of non-registered participants: _____

Children: _____ Adults: _____
Total Female: _____ Male: _____

*Additional insurance is required for any activity in which non-members are participating.

Plan 2 insurance form was submitted.

All adults attending have a current completed background clearance if driving.

Section 2–Trip Itinerary	
Proposed Trip Date:	Trip Destination:
Please list major activities. Asterisk (*) high risk activities.	
Are there high risk activities on this trip? Y/Yes N/No	
<input type="checkbox"/> High risk activities reviewed with parents/ guardians. <input type="checkbox"/> COI(s) on file or submitted.	

Section 3–Transportation	
For day trips 60 miles or more from your meeting place.	
Type of transportation planned:	
<input type="checkbox"/> Bus <input type="checkbox"/> Certificate of Insurance is on file with GSEP or submitted.	
<input type="checkbox"/> Boat <input type="checkbox"/> Certificate of Insurance is on file with GSEP or submitted.	
<input type="checkbox"/> Train	
<input type="checkbox"/> Car <input type="checkbox"/> Van , 10 passenger or less <input type="checkbox"/> Volunteer Driver Form is on file.	

Section 4–Trip Leader Statement of Compliance	
Please verify that you are in compliance with the below statements:	
	GSUSA and GSEP health, safety, and emergency procedures have been reviewed and are being followed.
	Parents/guardians are informed of the trip activities, safety and emergency procedures, and have essential contact information.
	Appropriate permissions (including health forms) have been obtained for each girl and will be carried by the leader and first aider at all times.
	Our group will conduct ourselves in a positive manner as representatives of Girl Scouts.
	All adult participants are able to perform in their capacities according to GSUSA health and safety guidelines.
	All adult chaperones are registered and cleared per GSEP policy.
Trip Leader Signature: <small>(Your typed name may act in place of a signature)</small>	Date:
Service Unit Manager/Trip Advisor Signature: <small>(Your typed name may act in place of a signature)</small>	Date: