

# Forms





## BANK ACCOUNT INFORMATION

Every Girl Scout troop and every Service Unit is required to maintain a bank account. To help facilitate the account opening process, GSEP has created a Custom Corporate Banking Resolution for troops to present to the bank to enable troops to use the Council's taxpayer identification number, 23-1352309. After Opening an account, Troop Leaders must submit the form below to the Service Unit Manager or Service Unit Treasurer by October 1 of each new membership year. Service Unit Managers are to submit this form to the Membership Manager by November 1 of each new membership year.

Each bank account is to read: Girl Scouts of Eastern PA, Troop: \_\_\_\_\_. An address may be added to checks. Account statements are to go to the Troop Leader or Troop Treasurer. **Please do not have your statements mailed to a Council service center.**

Both the **Troop Leader** and the **Service Unit Manager** or **Service Unit Treasurer** should be listed as signers on the account. These 2 volunteers should be given the authority to endorse checks and orders for the payment of money or otherwise withdraw funds on deposits. Only one signature is needed on checks.

Each spring, a financial end of year report must be completed and submitted to the Service Unit Manager. A copy of the most recent bank account statement should be attached to this report. Receipts from troop finances are to be kept with troop records and not submitted with the report.



## BANK ACCOUNT INFORMATION FORM GSEP, P.O. Box 27540, Philadelphia, PA 19118

**Only one account per form please.**  Troop Account or  Service Unit Account

Troop Number: \_\_\_\_\_ Service Unit: \_\_\_\_\_

Service Unit Number: \_\_\_\_\_ Service Unit Name: \_\_\_\_\_

Name of Account (as it appears on bank records): \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Type of Account:  Checking  Savings \_\_\_\_\_ Account Number: \_\_\_\_\_

Names on account authorized to issue checks and withdraw funds:

1. \_\_\_\_\_ Position: \_\_\_\_\_

2. \_\_\_\_\_ Position: \_\_\_\_\_

3. \_\_\_\_\_ Position: \_\_\_\_\_

4. \_\_\_\_\_ Position: \_\_\_\_\_

Year account opened: \_\_\_\_\_ Today's Date: \_\_\_\_\_



**BUS HIRING NOTICE**

Mail to: GSEP, P.O. Box 27540, Philadelphia, PA 19118

In order to adequately protect Girl Scouts when traveling, it is required that a Bus Hiring Notice be filed with Girl Scouts of Eastern Pennsylvania prior to departure.

Please note: Even if a travel agency makes arrangements, a Certificate of Insurance must be mailed or faxed to: **Girl Scouts of Eastern Pennsylvania, Jane Seltzer Service Center, 2020 Rhawn Street, Philadelphia, PA 19152; Fax: 215.745.4947.**

---

Troop/Group Number: \_\_\_\_\_ Service Unit Number: \_\_\_\_\_

---

Service Unit Name: \_\_\_\_\_

---

Leader's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

---

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

---

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

---

Day Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

---

Trip is planned to: \_\_\_\_\_

---

Leaving on (date/time): \_\_\_\_\_

---

Returning on (date/time): \_\_\_\_\_

---

Total girls attending: \_\_\_\_\_ Total adults attending: \_\_\_\_\_

---

Total cost of bus hire \$ \_\_\_\_\_

---

Please complete the information below giving the name of the travel agency making your travel arrangements; include a Certificate of Insurance if the company is not listed on our web site.

**Van Rental Policy Change:** Due to a recent consumer advisory by the National Highway and Traffic Administration, GSEP will not approve the use of 15 passenger vans for Girl Scout activities.

---

Name of Travel Agency: \_\_\_\_\_

---

Phone Number: \_\_\_\_\_

---

Name of Bus Company: \_\_\_\_\_

---

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

---

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

---



## FINANCIAL AID FORM CONTINUED

Girl Scouts of Eastern Pennsylvania is committed to supporting individual girls for Membership and Troop activities. Financial assistance is awarded for selected items so that we may meet the needs of as many girls who need assistance as possible.

**Sliding Scale.** Awards are made on a sliding scale based on income and the additional criteria requested in the application on the reverse side of this sheet. Please complete the information accurately and be sure to let us know if there is any special family circumstances that you would like considered as we review your application. Incomplete forms will delay processing. Financial assistance is awarded until funds are exhausted. Your troop leader will be notified regarding financial aid awarded and if applicable,

will receive a check for troop dues and a GSEP shop certificate to redeem for items awarded. We cannot reimburse for any expenses.

**Attach to Registration Form:** If GSUSA Membership Dues (\$12) are being requested do not include payment and attach the completed Financial Aid form to the registration form. It is suggested that a copy of all forms be retained for your records. A Dues Summary should be used.

**Aid needed after registration, or GSUSA dues are not being requested:** Send Financial Aid Form to Girl Scouts of Eastern PA, P.O. Box 27540, Philadelphia, PA 19118, Attn: Member Services Coordinator. Phone (888/215) 564-4657, Fax (215) 564-6953.

### Financial Aid is available to Individual Girls\*:

GSUSA Membership Dues	\$12.00*
Troop Dues	\$25.00 maximum
Uniform Components as follows:	
<b>Sash, Vest or Tunic</b>	\$23.50 maximum
Prices range from \$5.25 to \$23.50, according to level and size.	
<b>Girl Scout Insignia</b> as follows:	\$12.00 maximum
Council ID, \$4.00	
Flag Patch, \$1.75	
Troop Numbers (up to 5), \$1.25 each	
Journey Book	\$7.00

### Certificate Redeemable at GSEP Council Shops

Certificates for eligible uniform components and books are issued to the Troop Leader for each individual girl and can be redeemed at any GSEP Council Shop. Shipping of items is available from the Valley Forge Council Shop. Shipping costs apply. Contact Member Services Coordinator 215-564-2030 x 1018 or the Shop Manager at extension 1401 or 484-927-2317 for complete instructions.

**Financial Aid for Summer Camp, and Council Programs** may also be available, but require separate applications. The Summer Camp Financial Aid Application is in the summer camp issue of *Spark* magazine. For Council Programs inquire when registering.

\*Financial Aid is also available to adults for GSUSA Membership Dues, only. Financial aid for troop dues, uniforms or books is not available to adults. Use the Girl form.

**Troop Leader:** It is suggested that you provide copies of forms to parents with your specific information (name, address, troop number, etc.) already filled in (you can use the on-line form which is "Typewriter Enabled" or fill in by hand).

**Parent:** Submit the application to the Troop Leader with your child's registration form. No payment is necessary if you wish to apply for GSUSA dues (\$12).

To protect your privacy, you may fold and secure the application with your financial information inside. The outside should have "Private Financial Information" and your **girl's name** and **Troop Number** (see below).

### Private Financial Information

Girl's Name \_\_\_\_\_ Troop \_\_\_\_\_



# INCIDENT/ACCIDENT REPORT

Name of person involved:

Address:

City: State: Zip:

Phone:( ) Age: Sex:

Girl - Troop Number:  Staff  Volunteer  Other

Name of Parent/Guardian (if minor):

Address:

City: State: Zip:

Date of Incident (XX/XX/XXXX): Time:  A.M.  P.M.

Name of facility where incident/accident took place:

Name and address of witness(s). (You may wish to attach signed statements.)

1. Witness Name:

Address: City: State: Zip:

2. Witness Name:

Address: City: State: Zip:

3. Witness Name:

Address: City: State: Zip:

Type of incident:  Behavioral  Accident  Illness  Other (describe):

List any injuries:

Describe the sequence of activity in detail including what the person was doing at the time of the incident/accident:

Where did the incident/accident occur? (specific location – draw diagram to show location of persons/objects):

Was individual participating in an activity at time of the incident/accident?  Yes  No

If yes, what activity?

Any equipment involved in incident/accident?  Yes  No If yes, what type?

Condition of equipment:

Emergency procedures followed at time of incident/accident:

By whom:

Report submitted by: Date:

Position: Phone:( )

Address: City: State: Zip:

MEDICAL REPORT OF ACCIDENT

How much time lapsed between injury and First Aid?

Were parents notified?  Yes  No By:  Writing  Phone  Other:

By whom:

Title:

Date of Notification:

Time of Notification:

A.M.  P.M.

Parent's response:

Where was treatment given?  At Accident Site  Doctor's Office  Hospital

By whom:

Date of Treatment:

Time of Notification:

A.M.  P.M.

Describe treatment given:

Was injured person admitted overnight in a hospital?  Yes  No If so, what Time:

A.M.  P.M.

Name of hospital:

If hospitalized, how was injured person transported?  Council Vehicle  Volunteer Vehicle  Ambulance

Attending physician's name:

Date released from hospital:

Time released from hospital:

A.M.  P.M.

Released to:  Volunteers  Parents  Other:

Comments about incident/accident:

Persons notified such as Girl Scout Executive Director, staff member, etc.:

Name

Date

Position

If applicable, describe any comments to the media regarding this situation and by whom:

Signature of Person Submitting This Report:

FOR COUNCIL USE ONLY:

INSURANCE NOTIFICATION:

BY WHOM:

DATE:

1.  Worker's Compensation

2.  General Liability Insurance

3.  Automobile Insurance

4.  United of Omaha

5.  OTHER:

**NOTE:** ANY DOCUMENTATION, ETC. SHOULD BE INITIALED, DATED AND ATTACHED TO THIS FORM



# PARENT CONSENT AND HEALTH HISTORY RECORD

This health history is to be completed and signed by the parent/guardian of the girl and kept with troop records. Health histories may be used for adults that travel with girls but are not required for adults.

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Troop No.: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**In Emergency Notify:** Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Medical/Hospital: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

**Authorizations:** I (We), the custodial parent(s)/legal guardian(s) give my (our) permission for: \_\_\_\_\_

Name of Girl Scout: \_\_\_\_\_

- Yes  No 1. My/our daughter/ward to attend scheduled activities of her troop/group.
- Yes  No 2. The Girl Scout Council to use any photograph or video/audio recording in which my daughter/ward appears for promotional purposes.
- Yes  No 3. My/our daughter/ward to receive medical treatment by a leader, first-aider, EMT, nurse, doctor or hospital if necessary. It is understood that the adult in charge or her designate will attempt to contact me. If you check "No" to #3, please read and complete the following.
- 4. I/We have religious objections to our daughter/ward receiving certain types of medical treatment. We have attached specific written instructions on what is and is not allowed.\*

\*I understand that if an emergency occurs and the local police or other similar authorities take custody of my daughter/ward, Girl Scouts of Eastern Pennsylvania cannot guarantee that my instructions stated in the above medical authorizations or attached instructions will be followed. **Date of last medical exam:** \_\_\_\_\_

**Immunizations:**  Yes  No I certify my child is up-to-date on all immunizations required to attend school in Pennsylvania. **If not immunized, please attach explanation.**

Signature \_\_\_\_\_ Date of last Tetanus Booster: \_\_\_\_\_

**Medical History**

Does your daughter have a diagnosed physical or mental condition/disability that requires an accommodation?

Yes No **If yes, please describe and indicate accommodations needed:**

Girl Scout volunteers and staff may not be trained to provide for all needs; a parent or adult family member may be requested to attend some events with a Girl Scout who requires special care.

**Allergies** *(Check those that apply and specify nature of allergic reaction.)*

Animals

Medicines/Drugs

Food

Plants

Hay fever

Insect Stings

Pollen

Other

Please indicate any information useful to the adult in charge. Also, indicate any activities to be encouraged or restricted:

The Council gives high priority to ensuring the safety of girls attending Girl Scout activities. Girls must be supervised by adults during all meetings and events. Please indicate your instructions below regarding your daughter leaving meetings or activities:

My/our daughter/ward has my permission to walk home from Girl Scout meetings/activities.

I or the person(s) listed below will pick up my daughter/ward from meetings/activities.

Name:

Relationship to child:

Phone:

Name:

Relationship to child:

Phone:

**Note:** 1. Any changes to the above instructions must be given to the troop leader in writing.

2. If your daughter is not picked up within fifteen minutes of the specified dismissal time, the troop leader will attempt to contact you and/or your listed emergency contact person.

**I have read and understand the pick-up and emergency procedures. I verify that all the above information is true and correct to the best of my knowledge and belief.**

Parent/Guardian Signature

Date



# PARENT PERMISSION FOR TROOP ACTIVITY

GSEP, P.O. Box 27540, Philadelphia, PA 19118

Troop leaders must obtain the written permission of the parent or guardian of each girl planning to participate in the activity below. Girls without written permission will not be transported from the departure location and may not participate in the activity.

Troop Number: \_\_\_\_\_ Adult in Charge: \_\_\_\_\_

Leader's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Day Phone: ( \_\_\_\_\_ ) Cell Phone: ( \_\_\_\_\_ )

Trip is planned to: \_\_\_\_\_

Leaving from: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ PM AM

Returning to: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ PM AM

Your child should have money for the following: Trans.\$\_\_\_\_\_ Food\$\_\_\_\_\_ Other\$\_\_\_\_\_ Total\$\_\_\_\_\_

Activities will include the following: \_\_\_\_\_

Please bring: \_\_\_\_\_

The troop's "at home" contact is: Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )

If there are any changes in plans while the trip is in progress, the parent/guardian may contact: Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )

**PLEASE CUT THE FORM BELOW AND RETURN TO THE LEADER BY (date):**

My daughter (name): \_\_\_\_\_ on (date): \_\_\_\_\_

has permission to participate in (activity): \_\_\_\_\_

My daughter is currently a registered member of Girl Scouts and is thereby covered by the Girl Scouts of the USA accident insurance. I have submitted my child's health history to the leader. I hereby waive and release the Girl Scouts of Eastern Pennsylvania and all individuals, staff members or volunteers working in connection with Girl Scout activities from any and all possible claims for injury to person or property which might arise in connection with my daughter's participation in activities sponsored or provided by you. I do not hold the Council responsible for any accident or illness which might occur and authorize the adult in charge, should it be necessary, to secure the service of a doctor at my expense. (Parent will be notified in case of an emergency.)

Parent/Guardian Signature \_\_\_\_\_  
During the above activity, I can be reached at Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency contact that can be reached by telephone during the troop trip, if the parent is unable to be reached:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_



# INTENT TO TRAVEL REQUEST

**Use this form for trips lasting at least 3 nights or longer.**

**SUBMIT AT LEAST 4 MONTHS BEFORE DATE OF TRIP.**

**REFER TO REFER TO** Safety Activity Checkpoints and *Volunteer Essentials'*

Appendix: Travel For Volunteers for guidelines in trip preparation.

**Instructions:** Complete and submit in duplicate to your Service Unit Manager for approval. Then mail the signed form to your Membership Manager. Trips more than 3 nights require additional insurance.

Date of Application: \_\_\_\_\_ Dates of Trip: \_\_\_\_\_ Time: PM AM

Troop Number: \_\_\_\_\_ Service Unit Number: \_\_\_\_\_

Leader's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Day Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Number of Girls: \_\_\_\_\_ Number of Adults: \_\_\_\_\_

Please include the following with this intent:

- Copy of letter sent to parents giving details of the trip
- Copy of itinerary
- Copy of Bus Hiring Notice, if applicable

Name of motel/hotel: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transportation:  Bus  Car  \*Van  Plane  Boat  Train

**\*For safety reasons, 15 passenger vans may not be used for Girl Scout activities.**

Name of Bus Company: \_\_\_\_\_

Name of Vehicle Rental Agency: \_\_\_\_\_

Name of Airlines, include flight numbers: \_\_\_\_\_

Name of travel agency making travel plans, include phone number:

---

---

List previous Girl Scout trips including type of camping experiences for this group of girls:

---

---

How does this trip relate to Girl Scout Program?

---

---

List how and when troop will prepare for this trip, use separate sheet if necessary:

---

---

---

Estimated cost per girl (food, transportation) ..... \$ \_\_\_\_\_

Troop total cost ..... \$ \_\_\_\_\_

**What part of the trip will be financed by:**

Parent Contribution ..... \$ \_\_\_\_\_

Girl Contribution ..... \$ \_\_\_\_\_

Troop Money Earning ..... \$ \_\_\_\_\_

Other ..... \$ \_\_\_\_\_

Total ..... \$ \_\_\_\_\_

List money earning projects approved by the Service Unit Manager:

---

---

---

Name and phone number of troop camp trained adult, if applicable:

---

---

Name and phone number of first-aider (include copy of first aid & CPR or medical training cards):

---

---

Leader's Signature

Date

Approval granted by: Service Unit Manager Signature

Date

Approval granted by: Membership Director Signature

Date



# REQUEST FOR FINAL TRIP APPROVAL

Use this final form for trips lasting: **more than 1 week within the continental United States;**  
or **3 or more nights outside the continental United States.**

**SUBMIT AT LEAST 2 MONTHS BEFORE DATE OF TRIP TO YOUR MEMBERSHIP MANAGER.**

**REFER TO REFER TO** Safety Activity Checkpoints and *Volunteer Essentials'*

Appendix: Travel For Volunteers for guidelines in trip preparation.

Instructions: Complete and submit this form in duplicate to your Service Unit Manager for tentative approval. The form must then be mailed to your Membership Manager.

**Additional insurance is required for trips of this length.**

Date of Application: \_\_\_\_\_ Dates of Trip: \_\_\_\_\_ Time: PM AM

Troop Number: \_\_\_\_\_ Service Unit Number: \_\_\_\_\_

Leader's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Day Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Trip Destination: \_\_\_\_\_

Signed permission slips received from parents:  Yes  No

Please include the following with this final form:

Updated Detailed Itinerary  Final Budget for Trip

We submitted the additional insurance form:  Yes  No

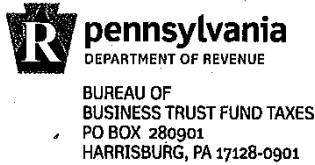
Please list any changes to the Intent to Travel Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Leader's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approval granted by: Service Unit Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

Approval granted by: Membership Director Signature \_\_\_\_\_ Date \_\_\_\_\_



## PENNSYLVANIA EXEMPTION CERTIFICATE

This form cannot be used to obtain a Sales Tax License Number, PTA License Number or Exempt Status.

- CHECK ONE:**
- STATE OR LOCAL SALES AND USE TAX
  - STATE OR LOCAL HOTEL OCCUPANCY TAX
  - PUBLIC TRANSPORTATION ASSISTANCE TAXES AND FEES (PTA)
  - VEHICLE RENTAL TAX (VRT)
- (Please Print or Type)

**Read Instructions  
On Reverse Carefully**

**THIS FORM MAY BE PHOTOCOPIED - VOID UNLESS COMPLETE INFORMATION IS SUPPLIED**

**CHECK ONE:**     PENNSYLVANIA TAX UNIT EXEMPTION CERTIFICATE (USE FOR ONE TRANSACTION)  
 PENNSYLVANIA TAX BLANKET EXEMPTION CERTIFICATE (USE FOR MULTIPLE TRANSACTIONS)

Name of Seller, Vendor, or Lessor \_\_\_\_\_

Street _____	City _____	State _____	ZIP Code _____
--------------	------------	-------------	----------------

**NOTE:** Do not use this form for claiming an exemption on the registration of a vehicle. To claim an exemption from tax for a motor vehicle, trailer, semi-trailer or tractor with the PA Department of Transportation, Bureau of Motor Vehicles, use one of the following forms:  
 FORM MV-1 Application for Certificate of Title (first time registrations)  
 FORM MV-4ST Vehicle Sales and Use Tax Return/Application for Registration (other registrations)

Property and services purchased or leased using this certificate are exempt from tax because: (Select the appropriate paragraph from the back of this form, check the corresponding block below and insert information requested.)

- 1. Property or services will be used directly and predominately by purchaser in performing purchaser's operation of: \_\_\_\_\_
- 2. Purchaser is a/an: \_\_\_\_\_
- 3. Property will be resold under License Number \_\_\_\_\_ (If purchaser does not have a PA Sales Tax License Number, include a statement under Number 7 explaining why a number is not required.)
- 4. Purchaser is a/an: Charitable Organization holding Exemption Number 75-039-824
- 5. Property or services will be used directly and predominately by purchaser performing a public utility service.  
 PA Public Utility Commission PUC Number \_\_\_\_\_ and/or  US Department of Transportation MC/MX \_\_\_\_\_
- 6. Exempt wrapping supplies, License Number \_\_\_\_\_ (If purchaser does not have a PA Sales Tax License Number, include a statement under Number 7 explaining why a number is not required.)
- 7. Other \_\_\_\_\_  
 (Explain in detail. Additional space on reverse side.)

I am authorized to execute this Certificate and claim this exemption. Misuse of this Certificate by seller, lessor, buyer, lessee, or their representative is punishable by fine and imprisonment.

Name of Purchaser or Lessee	Signature	EIN	Date
<u>Girl Scouts of Eastern PA, Inc.</u>	<u>[Signature]</u>	<u>23-1352309</u>	<u>3/25/11</u>
Street	City	State	ZIP Code
<u>POB 27540</u>	<u>Philadelphia</u>	<u>PA</u>	<u>19118</u>

- 1. ACCEPTANCE AND VALIDITY:**  
 For this certificate to be valid, the seller/lessor shall exercise good faith in accepting this certificate, which includes: (1) the certificate shall be completed properly; (2) the certificate shall be in the seller/lessor's possession within 60 days from the date of sale/lease; (3) the certificate does not contain information which is knowingly false; and (4) the property or service is consistent with the exemption to which the customer is entitled. For more information, refer to Exemption Certificates, Title 61 PA Code §32.2. An invalid certificate may subject the seller/lessor to the tax.
- 2. REPRODUCTION OF FORM:**  
 This form may be reproduced but shall contain the same information as appears on this form.
- 3. RETENTION:**  
 The seller or lessor must retain this certificate for at least four years from the date of the exempt sale to which the certificate applies.  
**DO NOT RETURN THIS FORM TO THE PA DEPARTMENT OF REVENUE.**
- 4. EXEMPT ORGANIZATIONS:**  
 This form may be used in conjunction with form REV-1715, Exempt Organization Declaration of Sales Tax Exemption, when a purchase of \$200 or more is made by an organization which is registered with the PA Department of Revenue as an exempt organization. These organizations are assigned an exemption number, beginning with the two digits 75 (example: 75-00000-0).



# TROOP/GROUP MONEY EARNING REQUEST

Girl Scout troops/groups are financed by dues, money-earning activities and a portion of money earned through Council sponsored Product Program activities. All Girl Scouts may be involved in the Council sponsored Product Program activities. Additional troop/group money earning may be done only by troops who have participated in the Cookie Program **and** the Fall Nuts About Reading Program. Troop money earning activities are not permitted during the Cookie Program or Fall Product Program dates.

**INSTRUCTIONS:** Please submit in duplicate to your Service Unit Manager (SUM). The SUM will return the form and approval or decline the intended activity. The SUM will forward a copy of the form to the your Membership Manager.

Service Unit Name: \_\_\_\_\_ Service Unit Number: \_\_\_\_\_

Troop Number: \_\_\_\_\_ Age Level: \_\_\_\_\_ Number of Girls: \_\_\_\_\_

Troop/Group Leader Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please describe the money-earning activity planned: \_\_\_\_\_

Date(s) of money earning activity: \_\_\_\_\_ Estimated earnings: \$ \_\_\_\_\_

How are the earnings to be used? \_\_\_\_\_

How are the girls planning and participating in the money earning activity? \_\_\_\_\_

Estimated troop expenses for year ..... \$ \_\_\_\_\_

Estimated troop income for year ..... \$ \_\_\_\_\_

Cookie Program Proceeds ..... \$ \_\_\_\_\_

Other. .... \$ \_\_\_\_\_

Total ..... \$ \_\_\_\_\_

I agree to adhere to these standards and policies of troop money earning.

Leader Signature \_\_\_\_\_ Date \_\_\_\_\_

Service Unit Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

Approve  Decline

**One copy to Service Unit Manager. One copy to Membership Manager. One copy to Troop Leader.**



# TROOP TRIP APPLICATION

Simple day trips and participation in Council sponsored events (events listed in *Spark*) do not require approval. It is recommended that troop leaders report all trips to the volunteer Service Unit Manager or designee via phone or e-mail.

For safety reasons, overnight trips and trips that involve high risk activities require the approval of your Service Unit Manager. Always refer to Safety Activity Checkpoints when planning a trip. Complete this form in advance.

Written permission slips endorsed by a parent or guardian are required for every troop activity away from the regular troop/group meeting time and place. A health history for every girl is also required to accompany the troop.

This form must be completed prior to overnight and high risk activities and trips. For camping on GSEP campsites, use a Campsite Reservation Form. This form is not needed if camping on GSEP property or participating in a Council sponsored event.

Troop Number:	Service Unit Number:
Leader's Name:	E-mail:
Day Phone: (            )	Cell Phone: (            )
Emergency Contact Name:	Home Phone Number:
Work Phone:	Cell Phone:
Number of Girls in troop:	Number participating on this trip:
Number non-member children:	Number non-member adults:
Number male adults accompanying:*	Number of adult chaperones attending:

**\* Must provide separate sleeping quarter and toilet facilities. Make sure to complete a Plan 2 insurance form if non-members will attend.**

Trip Destination/Activity:		
Dates of Trip:	Departure Time:	Return Time:
Address:		
City:	State:	Zip:
Phone:(            )		

**INSURANCE:** If a certificate of insurance is required, is it on file at GSEP?  Yes  No  Not Required  
For trips lasting 3 or more nights, an itinerary, budget and additional insurance is needed. \*Additional insurance is recommended for any activity in which non-members are participating. Please call your staff Membership Manager for insurance forms. Allow 1 month for processing.

NAMES OF REQUIRED ADULTS ATTENDING TRIP:		
First Aid Training (Name):	Phone: (            )	Expiration Date:
CPR Training (Name):	Phone: (            )	Expiration Date:
Troop Camp (Name):	Phone: (            )	Expiration Date:
Lifeguard (Name):	Phone: (            )	Expiration Date:
Other Trng./Cert./Name:	Phone: (            )	Expiration Date:

Please verify that all adults attending have a current completed background clearance.  Yes

The appropriately trained adults will accompany the troop on this activity and in my opinion the troop meets all other requirements.

Signature of Troop Leader	Date
Signature of Service Unit Manager	Date

**Original copy to Service Unit Manager. Copy to Troop Leader.**



# EMERGENCY PROCEDURES FOR GIRL LEADERS CARRY THIS CARD AT ALL TIMES

## In Case of a Serious Accident, Emergency or Fatality:

### Person In Charge at The Scene—Dial 911 Or The Operator For Assistance

- A. Give priority attention to providing all possible care for the injured person(s). Secure doctor, ambulance, and police as appropriate.
- B. Appoint a record keeper to provide written documentation of the emergency. Submit the Incident/ Accident Report within 24 hours to HR Department.
- C. Remove all children from the scene of the emergency, and distract them.
- D. In the event of a fatality, always notify police. Retain a responsible adult at the scene of the accident. See that no disturbance of victim(s) or surroundings is permitted until police have assumed authority.
- E. Any serious accident or fatality must be reported to the Council IMMEDIATELY. **Call 866.564.2030 and press 4.** An “on-call” Council representative will either answer at that time or return your call later. **Please speak clearly and leave a message with your name and phone number.**
- F. The Council representative will decide who should call the parent/guardian(s).
- G. Refrain from making any statements orally or in writing which could be interpreted either as an assumption or rejection of responsibility for the accident.
- H. Prepare written incident report of occurrence and participate in other follow-up as needed.
- I. Refer all media (press, radio, T.V.) inquiries to the CEO of Girl Scouts of Eastern Pennsylvania. **MAKE NO STATEMENTS.**



## TAX EXEMPT/I.D. NUMBERS

**PA Sales Tax Exempt Number**

**75-039-824**

**FOR TROOP PURCHASES ONLY**

**Federal Identification Number**

**23-1352309**

**FOR TROOP BANK ACCOUNTS**

Name:

Address:

Day Phone:

Evening Phone:

Service Unit:

Troop Number:



**888.564.4657 | [www.gsep.org](http://www.gsep.org)**

*Serving Girls in Berks, Bucks, Carbon, Chester, Delaware,  
Lehigh, Montgomery, Northampton and Philadelphia counties*