

# USA GIRL SCOUTS OVERSEAS

## Application to Operate a Girl Scout Trip, Event or Camp

At least two months before the trip, event or camp complete both sides of this application. Keep a copy for Lone Troop Committee records. Send the original, with all necessary attachments as identified below, to:

USA Girl Scouts Overseas  
Girl Scouts of the U.S.A.  
420 Fifth Avenue  
New York, New York 10018-2798

**Check all categories that apply to this trip, event or camp.**

- Troop Trip/Event with more than 2 overnights (non-camping)
- Troop Camping with more than 2 overnights
- Multiple Troop Trip/Event with more than 2 overnights
- Day Camp with more than 2 overnights or Resident Camp
- Trip/Event using leased vehicles or vessels (other than those leased from the U.S. military)
- Trip/Event with non-Girl Scout member participants
- Participants are being enrolled in Girl Scout Activity Insurance Plan #2, #3E, or #3P

If you check any of the above, this application is submitted, in accordance with GSUSA Program Standard #15 to inform Girl Scouts of the U.S.A. (specifically USA Girl Scouts Overseas) of plans to operate a Girl Scout Trip, Event or Camp.

**• LONE TROOP COMMITTEE RESPONSIBLE FOR THIS GIRL SCOUT TRIP/ EVENT/ CAMP:**

USA Girl Scouts - \_\_\_\_\_

Location Code: 7 \_\_\_\_\_ - 6 \_\_\_\_\_ OR 8 \_\_\_\_\_ - 6 \_\_\_\_\_

Name of Current Lone Troop Committee Chair: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

In submitting this Application to Operate a Girl Scout Trip, Event or Camp to GSUSA, the lone troop committee accepts responsibility for observing basic health, safety, and security guidelines as stated in **Safety-Wise**, for maintaining Girl Scout Program Standards as stated in **Safety-Wise**, for supervising troop leadership in regard to these guidelines and standards, and for filing a written evaluation with GSUSA following the trip, event or camp.

Date: \_\_\_\_\_ Signature of Lone Troop Committee Chair: \_\_\_\_\_

In addition to information on page 2, the following are attached to describe the planned activity:

- Checklist for Planning a Girl Scout Trip, Event or Camp (Form #454) (**Required**)
- Proposed Itinerary (Required for events with travel)
- Application for Additional Insurance (Plan #2, #3E, or #3P)
- Check or money order # \_\_\_\_\_ for insurance premium made payable to Mutual of Omaha, for \$ \_\_\_\_\_
- Trip, Event or Camp Budget (**Required**)
- Sample Announcement, Participant Information Sheet, Other: \_\_\_\_\_

• **TRIP, EVENT OR CAMP DESCRIPTION:**

-- Continued from Reverse Side

Name of Trip/Event/Camp: \_\_\_\_\_ Troop #(s): \_\_\_\_\_

Site / Destination: \_\_\_\_\_ Date(s): \_\_\_\_\_  
(Include dates of travel.)

Date(s) for Pre-Event Preparation: \_\_\_\_\_ Date(s) for Post-Event Evaluation: \_\_\_\_\_

Planned Attendance - Give number of registered members of GSUSA at each age level:

\_\_\_\_\_ D \_\_\_\_\_ B \_\_\_\_\_ J \_\_\_\_\_ C \_\_\_\_\_ S >> Total Girl Members: \_\_\_\_\_ Number of Registered G.S. Adults: \_\_\_\_\_

Number of Non-Member Girls: \_\_\_\_\_ Number of Non-Member Adults: \_\_\_\_\_ Number of Boys: \_\_\_\_\_

• **ADULT LEADERSHIP:** (Refer to GSUSA Program Standards #13 - 14, 16, & 18 in Safety-Wise.)

Name of Adult - in - Charge: \_\_\_\_\_

Current GSUSA ID#: \_\_\_\_\_ Adult Position in Girl Scouting: \_\_\_\_\_

Qualifications for being in charge of this trip, event or camp: \_\_\_\_\_

Health/Safety personnel during the trip, event or camp: \_\_\_\_\_ **Current Certification:** \_\_\_\_\_  
**Certification #:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

Who is the emergency contact person "back home" or "off site" during this event? How can they be reached from GSUSA? \_\_\_\_\_

Lifeguard for Aquatic activities: \_\_\_\_\_ **Current Certification:** \_\_\_\_\_  
**Certification #:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

• **SITE AND FACILITIES**

Is the site owned / operated by GSUSA or WAGGGS? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Name Site; If No, Describe Site and Location: \_\_\_\_\_

Name and location of medical facility or services that will be available during the trip, event or camp. Be specific. \_\_\_\_\_

Name of emergency services available while participants are in transit to and from the trip, event or camp's destination. \_\_\_\_\_

• **PROGRAM ACTIVITIES:** (Refer to GSUSA Program Standards #1 - 12 in Safety-Wise.)

How does this trip, event, or camp incorporate the Girl Scout Program Emphasis and the Girl Scout Promise and Law? \_\_\_\_\_

Describe the use of girl - adult partnership in planning for this trip, event or camp. \_\_\_\_\_

• **TRANSPORTATION:** (Refer to GSUSA Program Standards #25 - 27 in Safety-Wise.)

Please Note: GSUSA maintains a non-owned automobile liability policy which presumes that there is underlying coverage. In the event of an accident, the insurance carried by the owner of the vehicle is the primary applicable insurance. Therefore, only properly insured and licensed vehicles, adhering to the laws of the country or countries in which they operate, should be used for Girl Scout activities. Regarding air transportation, there is insurance coverage for commercial and MAC Travel.

<u>To&amp;From</u>	<u>During</u>	How will participants travel either <u>to and from</u> or <u>during</u> the trip, event or camp?
<input type="checkbox"/>	<input type="checkbox"/>	Private cars: Number of relief drivers _____ Attach other plans for relieving drivers / rest periods.
<input type="checkbox"/>	<input type="checkbox"/>	Leased vehicle: Company _____ Attach plans for relieving drivers / rest periods. Does each vehicle's owner carry insurance to cover users? _____ Yes _____ No
<input type="checkbox"/>	<input type="checkbox"/>	Public or Commercial transportation: Company or transit service _____

• **NOTIFY USA GIRL SCOUTS OVERSEAS OF CHANGES IN THESE PLANS IMMEDIATELY.**