



**Headquarters  
Billings Service Center**  
2303 Grand Avenue  
Billings, MT 59102

**Casper Service Center**  
501 North Sun Drive  
Casper, WY 82609

**Great Falls Service Center**  
4930 Ninth Avenue South  
Great Falls, MT 59405

800.736.5243 ♦ [www.gsmw.org](http://www.gsmw.org)

# Troop Trip Request

Complete and submit to council headquarters a minimum of two (2) weeks before trip.

**FOR COUNCIL USE ONLY**

Council approval: \_\_\_\_\_

Date: \_\_\_\_\_

## Type of activity (If any of the activities listed apply, please submit this form to headquarters.)

<input type="checkbox"/> Non-local overnight trips	<input type="checkbox"/> Sensitive and/or controversial topic
<input type="checkbox"/> Extended (3 nights or more), outside of council jurisdiction, foreign	<input type="checkbox"/> Site agreement OR transportation charter
<input type="checkbox"/> High-risk council approval (refer to Safety-Wise, p. 78-80)	<input type="checkbox"/> Special site, equipment and/or instructor (i.e horseback riding, ropes course, rock wall) Attach contract for authorized signature.

## Troop information (Please attach a roster. All participants must be current GSUSA members.)

Troop#		Service Unit			
Girls	# Daisies	# Brownies	# Juniors	Total number of girls =	
	# Cadettes	# Seniors	# Ind. members		
Adults	# Female(s)	# Male(s)	Total adults =		
Leader or event coordinator					
Address					
City		State	Zip	Phone	
E-mail					Home
					Work
				Cell	

## Activity information (please attach an itinerary)

Value to girls	<input type="checkbox"/> Discover	<input type="checkbox"/> Connect	<input type="checkbox"/> Take Action	Start date	Start time	End date	End time
Description of activity/trip					Location		

## Transportation information

Completed transportation form for each vehicle transporting girls.

## Certified adults

Name of GSMW outdoor-trained adult (council policy)	Date certification expires
Activity /type of certification	
Name of trained activity supervisor(s) (lifeguards, canoe instructor, etc.)	Date certification expires
Activity /type of certification	
Name of CPR/ First aid certified Adult	Date certification expires
Activity /type of certification	

## Activity budget

Please note, GSMW does not encourage the use of troop funds for adult travel expenditures.

Total cost \$	Each girl will pay \$	Each adult will pay \$
	Troop will pay \$	Other income source \$

## Emergency contact

Someone who knows your plans, is not participating in the activity, and has a list of participants with contact information for parents/guardians.

Name	Phone	Work	Cell
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Safety Guidelines and Activity Checkpoints have been reviewed and guidelines will be followed, as will the policies of GSUSA and GSMW.

Parent permission has been or will be obtained.

Signature of adult leader or event coordinator	Date
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