

TRIP APPLICATION

IMPORTANT →

All trip applications must be signed by your service center program specialist.

Girl Scouts NEO
Central/North Service Center
One Girl Scout Way
Macedonia, OH 44056
330-467-1901 (fax)

Girl Scouts NEO
South Service Center
1010 Applegrove St NW
N Canton, OH 44720
330-499-4475 (fax)

Girl Scouts NEO
East Service Center
980 Warren Ave
Niles, OH 44446
330-544-7959 (fax)

Girl Scouts NEO
West Service Center
6111 S Broadway Ave
Lorain, OH 44053
440-233-7393 (fax)

1. All trip applications should be submitted to your Service Center Program Specialist.
2. For all trips there must be a First Aid/CPR trained adult with the troop.
3. Read the section called "Planning Trips with Girls" in Safety-Wise and also any of the Safety-Wise Checkpoints that apply to the activities planned for your trip.
4. All binding contracts must be submitted to the GSNEO Contract Compliance Manager for approval. (i.e. van rentals, bus rentals, etc.).
5. Any Additional insurance, paperwork, or training required will be included in the confirmation information sent to you within ten days of trip application submission.

- Simple Overnight** = a trip up to two nights. Deadline for application 1 month prior to trip. (Fill out steps 1-4)
- Extended Overnight*** = a trip of 3 or more nights. Deadline for application 2 months prior to trip. (Fill out steps 1-7)
- International Trip*** = a trip outside of the USA. Deadline for application 6 months prior to trip. (Fill out steps 1-7)

* Additional insurance must be purchased.

Destination	Departure Date	Return Date	Troop #	Service Unit	Age-Level	# of Girls	# of Adults

Step 1 - Basic Information

Trip Coordinator/Volunteer Name _____
 Address _____
 Email _____ Home Phone _____ Cell _____

Step 2 - Training - (Please provide names of individuals attending the trip who have the following qualifications.)

Outdoor Essentials (only needed for camping) _____
 First Aid/CPR Certified Adult _____ Exp. Date _____
 Specialized Certifications (i.e. Lifeguard, Small Craft Safety, Basic Water Rescue, Archery, etc...):
 Type of Certification _____ Person Certified _____ Exp Date: _____

Step 3 - Emergency Contact Information

Name of Emergency Contact person: _____ Home Phone _____
 Cell Phone _____ Address _____
 Hospital Nearest Destination _____ Hospital Phone # _____
 Hospital Address _____
 If a hospital is more than 30 minutes away from destination please list nearest emergency medical provider (i.e. Fire, Police, etc..)

Step 4 - Roster (Please attach a troop roster and list any additional adults who will be going on the trip.)

Step 5 - Travel Arrangements

Travel Method: Car Chartered Bus Rented Vehicle Airplane Train
 Travel Agency (if used) _____ Phone Number _____
 Address _____
 Accommodations: Hostel Hotel Motel Private Home Campsite Other
 Name/Address/ Phone # _____

Step 6 - Travel Arrangements (Please provide a trip itinerary)

Step 7 - Previous Trip Experiences (please list on back side of application)

Trip Coordinator Signature _____ **Date** _____
GSNEO Program Specialist Signature _____ **Date** _____