



**Girl Scouts of Greater Chicago and Northwest Indiana**

Vernon Hills Regional Service Center  
 650 N. Lakeview Parkway, P.O. Box 8116  
 Vernon Hills, IL 60061-8116  
 T 847-573-0500 F 847-573-0400  
 www.girlscoutsgcnwi.org

**Trip Application**

**Trip information (Check one of the following)**

\_\_\_\_\_ **Day trips outside the community:** Complete sections I & II and submit two weeks before trip to VISTA Manager/United Way Ambassador or designee who then signs application and forwards to membership/program group.

\_\_\_\_\_ **Overnight trips:** Complete sections I & III and submit four weeks before trip to VISTA Manager/United Way Ambassador or designee who then signs application and forwards to membership/program group.

\_\_\_\_\_ **Extended overnight trips (involving three or more nights):** Complete sections I & III and submit a minimum of four months before trip to VISTA Manager/United Way Ambassador or designee who then signs application and forwards to membership/program group.

**Section I: Troop Information**

VISTA # \_\_\_\_\_ Troop \_\_\_\_\_ Level (circle one) D BR JR C S AMB # of girls \_\_\_\_\_

Volunteer Name \_\_\_\_\_ # of adults \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_ Email Address \_\_\_\_\_

Name and phone # of troop emergency contact \_\_\_\_\_

Name and phone # of first aider\* \_\_\_\_\_

Date of training \_\_\_\_\_ Verification (VISTA Manager or designee Initials) \_\_\_\_\_

**(Please attach copy of training card)**

**Name and phone number of person trained in *Girls On The Move*\* (if your trip includes camping, this must be completed)** \_\_\_\_\_

*\*Providing false information is a serious matter which may result in liability for damages and/or fraud.*

Date training completed:

\_\_\_\_\_ *Girls On The Move* Module 1: Field Trip Adventures and Module 2: Indoor Overnights

\_\_\_\_\_ Camp Craft

**Section II: Approval for Day Trips**

For travel outside the boundaries of the community in which your troop meets, or beyond a 5-10 mile radius, or beyond a 30-minute drive, please complete and submit for VISTA Manager or designee approval. This needs to be turned in **two weeks prior to trip**. Signature required on back under Leader Agreement.

	FIRST TRIP	SECOND TRIP	THIRD TRIP
Destination and purpose of trip			
Date and time of trip			
Method of transportation			
VISTA Manager or designee signature			
Date of approval			

