

# Troop Trip Request Form

Please complete this form and return to your assigned membership specialist at least one month prior to:

- Trips over 100 miles (one way) from the troop meeting place
- Overnight trips of two or more nights
- Day trips which involve outdoor activities
- Trips involving activities not listed in the "Safety Checkpoints" (online) or activities with high risk

Please complete this form and return to your assigned membership specialist six months prior to an international trip.

Please print clearly.

## TROOP INFORMATION:

Troop # \_\_\_\_\_ School or Service Unit \_\_\_\_\_ Level \_\_\_\_\_ Leader's Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_ # of Girls attending \_\_\_\_\_ # of Adults attending \_\_\_\_\_

## TRIP INFORMATION:

Event Date \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Location/Destination \_\_\_\_\_  
 Overnight Accommodations \_\_\_\_\_ Address \_\_\_\_\_

## PLEASE WRITE A BRIEF ITINERARY, INCLUDING MAJOR ACTIVITIES:

---



---



---

## CHECKLIST: Please review the "Volunteer Guide" and "Safety Checkpoints" for all planned activities.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Adequate adult coverage                | <input type="checkbox"/> Adults with emergency procedure knowledge     | <input type="checkbox"/> Licensed adult drivers        |
| <input type="checkbox"/> First Aid kits in vehicles             | <input type="checkbox"/> Girls reviewed personal protection guidelines | <input type="checkbox"/> Proof of current health exam  |
| <input type="checkbox"/> Emergency procedures in place          | <input type="checkbox"/> Water-trained adults and lifeguards           | <input type="checkbox"/> Helmets for horseback riding  |
| <input type="checkbox"/> Parental permission                    | <input type="checkbox"/> Vehicles properly insured/licensed            | <input type="checkbox"/> Additional insurance coverage |
| <input type="checkbox"/> Secured qualified First Aid/CPR person |  | See options and pricing on back of form                |

## ADULT/CHILD FIRST AID/CPR TRAINED ADULT: (please submit front & back copy of certificates)

Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 First Aid Expires \_\_\_\_/\_\_\_\_/\_\_\_\_ CPR Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

## OTHER SPECIALTY TRAINED ADULTS REQUIRED FOR TRIP: (outdoor, lifeguard, archery, canoe etc. - please submit copies of certificates)

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Specialty Training(s) \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Specialty Training(s) \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Specialty Training(s) \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**I have checked our troop's readiness for this event. I have carefully completed the items on the checklist which pertain to our activity and consulted the "Volunteer Guide" and "Safety Checkpoints" to assure that proper procedures are followed. I have attached a roster with the participating girls and adults clearly marked.**

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

For office use only. Date received ____/____/____ Authorized by: _____ Date ____/____/____
--

## Insurance Options

**Plan 1-** Member's Accident- The Basic Plan covers registered members for any approved, supervised Girl Scout activity lasting two consecutive nights or less (three nights when one of the nights is a federal holiday). The cost is paid by Girl Scouts of the USA.

**Plan 2-** Nonmember Accident- Accident Insurance covers all participants (members and nonmembers) for events lasting longer than those covered by Plan 1. (Plan 1 does not provide ANY coverage if the activity is longer than two nights unless the 3<sup>rd</sup> night is a federal holiday.)

**Plan 2 cost is \$.11 per participant per calendar day or portion thereof.**

**Plan 3E & 3P-** Member's and Nonmember's Accident and Sickness- Accident and Sickness Insurance covers all events lasting longer than Plan 1.

Under Plan 3E Accident Medical expense and Dental expense benefits payable are subject to non-duplication provision.

Under Plan 3P benefits are not subject to non-duplication provision.

**Plan 3E cost is \$.29 per participant per calendar day or portion thereof.**

**Plan 3P cost is \$.70 per participant per calendar day or portion thereof.**

**Plan 3PI-** Member's and Non Member's Accident and Sickness- Accident and Sickness Insurance covers all participants for international trips. Not Subject to the non-duplication provision.

**Plan 3PI cost is \$1.17 per participant per calendar day or portion thereof.**

**International Inbound-** Accident and Sickness Insurance designed for Councils who host Girls Guides/Girl Scouts visiting the United States. Not subject to the non-duplication provision.

**The cost is \$3.00 coverage provided 24 hours a day for Girl Guides/Girl Scouts visiting the United States.**

Note: Under all Optional Plans, 100% enrollment of all participants in the event to be insured is required. There is a minimum premium charge of \$5.00 for each submission. Please see the brochure for complete information about benefits, exclusions and limitations.

	(1)	(2)	(3)	(4)	(5)	
Beginning Date	Ending Date	Number of Participants	# of days	# of participants Days (1X2)	Premium ea. day @ \$	Total (3X4)
Ex: 1/1/10	1/4/10	15	4	60	\$ .11	\$6.60
_____	_____	_____	_____	_____	\$ _____	\$ _____

There is a minimum premium of \$5.00. Please make your check payable to Girl Scouts Spirit of Nebraska. Even if your total is under \$5.00 we must pay this amount to the insurance company. Please mail to your assigned membership specialist at your area service center.

Guiding Star, P.O. Box, 724, Ogallala, NE 69153  
 Goldenrod, P.O. Box 1964, Kearney, NE 68848  
 Hastings, 223 E 14<sup>th</sup> St., Ste. 85, Hastings, NE 68901  
 Great Plains, 2121 S 44<sup>th</sup> St, Omaha, NE 68105

Grand Island, 2512 North Webb Road, Grand Island, NE 68803  
 Prairie Hills, P.O. Box 1004, Columbus, NE 68602  
 Homestead, 8230 Beechwood Drive, Lincoln, NE 68510