



# Single Day Field Trip Notification

This form is required when troops are participating in activities outside of their regular troop meeting place or time or if the troop is leaving the troop meeting place by vehicle during the regular troop meeting time. Please complete and return to your service unit manager at least one week prior to the activity.

Troop/Group Number \_\_\_\_\_ Age Level **D B J C S** Service Unit # \_\_\_\_\_  
 (Circle all that applies)

Destination \_\_\_\_\_

Date of Trip/Activity \_\_\_\_\_ (Include year)

Departure Site \_\_\_\_\_ Departure Time \_\_\_\_\_

Return Site \_\_\_\_\_ Return Time \_\_\_\_\_

Leader-In-Charge Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of Adult attending with First Aid/CPR Certification \_\_\_\_\_

Name of Adult attending with Basic Outdoor Skills Training \_\_\_\_\_

Name of Adult attending with Troop Camp certification \_\_\_\_\_

| MODE OF TRANSPORTATION                |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Private Cars | <input type="checkbox"/> Chartered Bus         | <input type="checkbox"/> Bicycles         |
| <input type="checkbox"/> Rental Cars  | <input type="checkbox"/> Public Transportation | <input type="checkbox"/> Other (Specify:) |

If renting or chartering transportation, list the following for each rental company:

|    | Company Name | Address<br><small>(Include city, state, zip code)</small> | Phone<br><small>(Include Area Code)</small> |
|----|--------------|---|---|
| 1. |              |   |   |
| 2. |              |   |   |
| 3. |              |   |   |

Please list all drivers:

|    | Name | Phone |
|----|------|-------|
| 1. |      |       |
| 2. |      |       |
| 3. |      |       |
| 4. |      |       |
| 5. |      |       |

We have checked Safety Wise standards for travel and applicable activities and agree to meet all requirements including:

- Activity Location is properly insured
- A seat belt/appropriate child restraint for every girl.
- Adequate insurance is carried on all non-Girl Scout participants
- All drivers and vehicles are properly licensed and insured.
- There is a signed parental permission slip and health history for each girl.
- The correct girl to adult ratio is achieved.

Name of Troop Contact Person \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

| TOTAL NUMBER ATTENDING |  |
|------------------------|--|
| Girls                  |  |
| Tagalong Children      |  |

| TOTAL NUMBER ATTENDING  |  |
|-------------------------|--|
| Adults (Registered)     |  |
| Adults (Non-Registered) |  |

**Names of All Girls Attending**

|     |     |
|-----|-----|
| 1.  | 16. |
| 2.  | 17. |
| 3.  | 18. |
| 4.  | 19. |
| 5.  | 20. |
| 6.  | 21. |
| 7.  | 22. |
| 8.  | 23. |
| 9.  | 24. |
| 10. | 25. |
| 11. | 26. |
| 12. | 27. |
| 13. | 28. |
| 14. | 29. |
| 15. | 30. |

**Name of All Adults Attending:**

|    |    |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

**Names of All Non-Girl Scout Tagalong Children Attending:**

|    |     |
|----|-----|
| 1. | 7.  |
| 2. | 8.  |
| 3. | 9.  |
| 4. | 10. |
| 5. | 11. |
| 6. | 12. |