

SERVICE UNIT EVENT/TRIP FORM

THIS FORM MUST BE IN TO COUNCIL BEFORE YOUR EVENT/TRIP

Service Unit Event Coordinator for ANY Service Unit non-troop event or trip must complete this form. To be used when girls are attending a service unit event as an individual or with a family or parent. This form is not to be used when participating as a troop. Use Troop Trip form for that occasion.

1	Type of Activity: (check one) <input type="checkbox"/> Day Trip <input type="checkbox"/> Sensitive Issues Program Name _____ <input type="checkbox"/> Simple Overnight Trip (1 or 2 nights) camping <input type="checkbox"/> Simple Overnight Trip (1 or 2 nights) NON-CAMPING <input type="checkbox"/> Extended Overnight Trip (3 or more nights) Contact Council for additional Extended Overnight Trip Form
2	Service Unit _____ Level <input type="checkbox"/> DY <input type="checkbox"/> BR <input type="checkbox"/> JR <input type="checkbox"/> CD <input type="checkbox"/> SR # of Girl Scouts _____ # Registered Adults _____ # non-Girl Scout children _____ # of non-Girl Scout adults _____
3	Event or Trip Coordinator Name _____ Home Phone(_____) _____ Work (_____) _____ Cell (_____) _____ Complete Address _____ Leadership Training I - Date _____ II - Date _____ III & IV - Date _____ Service Unit Event Training Date: _____ Home contact in case of emergency: Name _____ Phone (_____) _____ Name of 1st Aider (required for all SU Events) _____ Expiration date of certification _____
4	Activity Information: Activity: _____ Site _____ Town _____ State _____ Departure: Date _____ Time _____ Place _____ Returning: Date _____ Time _____ Place _____ Mode of travel _____ Are waterfront activities planned? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____ If water activities, Safety-Wise standards must be followed. Name of current Life Guard /Trained individual _____ Date certification expires _____ Might any activity include a greater than usual element of risk? <input type="checkbox"/> Yes, Explain _____
5	Program Details: list planned activities (attach additional sheet if necessary) _____ This activity is a result of: <input type="checkbox"/> Girl Planning <input type="checkbox"/> Badge work <input type="checkbox"/> Sensitive Issues Program
6	What preparations have been taken in reference to this event or trip? <input type="checkbox"/> I have checked Safety Wise <input type="checkbox"/> I have First Aid Kit <input type="checkbox"/> I have prepared an evaluation form <input type="checkbox"/> I have determined if additional insurance is needed <input type="checkbox"/> I will have signed Parent Permission slips for family and individual activities prior to event <input type="checkbox"/> I have diversity report form to complete and turn in at end of event <input type="checkbox"/> Special Equipment (per Safety Wise), list: _____
7	Bus information <i>Only the Executive Director may sign bus contract.</i> Name of bus company _____ Address _____ Phone (_____) _____ Certificate of Insurance on file at service center? <input type="checkbox"/> Yes <input type="checkbox"/> No All Out of State trips require an ICC# and \$5,000,000 worth of insurance for the bus companies. Trip cost per person _____ Emergency Contact Person at trip destination: Name _____ Address _____ Phone (_____) _____ For an international trip, please attach a detailed itinerary and budget.
8	Approval: S.U. Event Coordinator Signature _____ Date _____ Service Unit Director Signature _____ Date _____ The adult in charge, as named above, has successfully completed the appropriate training for the activity. I have approved the required leadership and program plans. Must be signed by Membership Manager. <input type="checkbox"/> Approval granted by (signature) _____ Date _____