

GIRL SCOUTS - FOOTHILLS COUNCIL, INC.

Please fill in all sections, which apply to your trip. Please attach a copy of your itinerary and listing of girls and adults.

TROOP TRIP FORM

Trip forms must be submitted at least two weeks prior to the trip. Extended trips require more planning time.

This form is to be sent to your assigned membership staff member PRIOR to taking any troop trip. A copy will be returned to you and your STC when the trip is approved.

Unit # \_\_\_\_\_ Troop # \_\_\_\_\_ LEVEL: D BR JR C SR

LEADER'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

DATE(S) OF TRIP \_\_\_\_\_

NUMBER OF GIRLS \_\_\_\_\_ NUMBER OF ADULTS \_\_\_\_\_ TRANSPORTATION: CAR \_\_\_\_\_ BUS \_\_\_\_\_ TRAIN \_\_\_\_\_

NAME OF FIRST AIDER/CPR \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

CERTIFIED EXPLORING THE OUTDOORS AND/OR TENT CAMPING PERSON: \_\_\_\_\_

NAME OF EMERGENCY CONTACT PERSON \_\_\_\_\_ PHONE # \_\_\_\_\_

THIS PERSON MUST BE AVAILABLE AT THIS NUMBER FOR THE DURATION OF YOUR TRIP.

Briefly describe where the troop is going and what they will be doing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TROOP CAMPING COUNCIL OWNED SITE

Glengarra: Dates: 1st choice: \_\_\_\_\_ to  
2nd choice: \_\_\_\_\_ to  
3rd choice: \_\_\_\_\_ to

Times: Arrival time: \_\_\_\_\_ am or pm (circle) Departure time: \_\_\_\_\_ am or pm (circle)

Site Requested: Platform Tent Units: \_\_\_\_\_ Glen \_\_\_\_\_ Beechgrove \_\_\_\_\_ Highlands  
Buildings: \_\_\_\_\_ MacFarland Lodge \_\_\_\_\_ Staff Lodge \_\_\_\_\_ Leantos w/screened doors  
Tent Sites w/latrines: \_\_\_\_\_ Chipmunk Cove \_\_\_\_\_ Pine Grove

NOTE: If your times will fluctuate more than a half-hour either way, please give a courtesy call to the camp caretaker at 964-2270.

TROOP CAMPING NON-COUNCIL OWNED SITE

Place: \_\_\_\_\_

Is it a: \_\_\_\_\_ state park, \_\_\_\_\_ city or village park, \_\_\_\_\_ private property (backyard), \_\_\_\_\_ other agency or organization's camp

Please check all that apply for the following:

a: Water supply: \_\_\_\_\_ public \_\_\_\_\_ private \_\_\_\_\_ approved source b: Sanitation: \_\_\_\_\_ latrines \_\_\_\_\_ flush toilets

c: Facilities: \_\_\_\_\_ cabins \_\_\_\_\_ established tents (already there) \_\_\_\_\_ open field (you put up tents)

\_\_\_\_\_ other; please describe: \_\_\_\_\_

d: Emergency Services: Phone number where group can be reached \_\_\_\_\_

\_\_\_\_\_ Medical: where \_\_\_\_\_

\_\_\_\_\_ Security: nearest police department \_\_\_\_\_

\_\_\_\_\_

LEADER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**HORSEBACK RIDING**

**Information about the stable:**

Name of Stable: \_\_\_\_\_ Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Name of Insurance Company \_\_\_\_\_

Insurance certificate is: \_\_\_\_\_ attached  
\_\_\_\_\_ being sent by company  
\_\_\_\_\_ on file at the council office

**EXTENDED TRIP**

TYPE OF TRANSPORTATION: (fill in all that apply)

\_\_\_\_\_ personal vehicles

\_\_\_\_\_ leased vehicles

◆. Type: \_\_\_ car, \_\_\_ van – size: \_\_\_ passenger

\_\_\_\_\_ public transportation:

◆. Type: \_\_\_ bus, \_\_\_ train, \_\_\_ plane

TYPE OF OVERNIGHT ACCOMMODATIONS: (if combination, check all that apply)

\_\_\_\_\_ camping, \_\_\_\_\_ hotel/motel, \_\_\_\_\_ hostels, \_\_\_\_\_ private residences

**BUDGET INFORMATION:**

APPROXIMATE EXPENSES;

Overnight accommodations: \$ \_\_\_\_\_

Transportation (gas, oil, tolls, parking, ground transp., rental fees) \$ \_\_\_\_\_

Meals/gratuities \$ \_\_\_\_\_

Entertainment: (admission fee, tickets, etc) \$ \_\_\_\_\_

Extended trip insurance (if required) \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

ANTICIPATED INCOME:

Source

Approx. Amount

Troop/unit/assoc. treasury \$ \_\_\_\_\_

Cookie sale \$ \_\_\_\_\_

Calendar sale \$ \_\_\_\_\_

QSP sales \$ \_\_\_\_\_

Unit funds (if available) \$ \_\_\_\_\_

Association funds (if available) \$ \_\_\_\_\_

DIFFERENCE IF ANY: \$ \_\_\_\_\_ over, \_\_\_\_\_ under

Please attach a copy of your itinerary, listing of girls and adults, and send this form to:  
**GIRL SCOUTS - FOOTHILLS COUNCIL, INC., 33 JEWETT PLACE, UTICA, NY 13501**  
**315-733-2391 FAX 315-733-1909**

WILL THERE BE ANY BUS CONTRACTS OR OTHER AGREEMENTS TO BE SIGNED BY THE COUNCIL?  
YES \_\_\_ NO \_\_\_

LEADER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_