



TROOP OVERNIGHT EVENT FORM

Girl Scouts of Silver Sage Council
1410 Etheridge Lane
Boise, ID 83704
(208) 377-2011 or (800) 846-0079
FAX (208) 377-0504
www.girlscouts-ssc.org

Event Information

Troop # _____ SU # _____ Age Level _____

Adult in Charge _____
Name Position

Address City State Zip Code Phone #

Emergency contact staying in town during the trip is _____

Home Phone _____ Work Phone _____ Cell Phone _____

Where are you going? _____
Name of Event or Final Destination City/State

Dates: From _____ To _____ # of Girls _____ # of Adults _____

Form of transportation _____

Adults driving on this trip, if applicable (**attach proof of insurance for each driver**):

Name	Make & Model of Car	Driver's License #	Proof of Insurance
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Proof of Insurance

Other adults accompanying the girls (*attach additional sheet if necessary*):

Confirm the following for ALL overnight events:

- Adult in charge has completed the required training "401-Planning Overnight Trips with Girls" within the last two years.
- I have signed Permission for Special Activities forms for each girl participant.
- I have read and will follow Program Standards number 22 – 27 of *Safety-Wise* regarding meeting sites and transportation.
- I have read and will follow the activity checkpoints and camping standards in *Safety-Wise* covering this trip.
- We have the additional insurance, if required.

For overnight events lasting three or more consecutive nights, also confirm the following:

- We have read and will follow the activity checkpoints (Chapters 7 & 8) in *Safety-wise*.
- I have attached a trip itinerary.

Person Completing Form

Name Position Date

Approvals

Service Unit Director Membership Representative

MTMNG014 (8/2009) **Give this completed form to your Service Unit Director for approval, who will forward it to your Membership Representative**