
Overnight Activities Information

(Level 3 Trip)

Overnight trips are one night away to a state or national park, historic city, or nearby city for sightseeing, staying in a hotel, motel, hostel, or campground. These short trips are just long enough to whet the girls' appetites, but not long enough to generate homesickness.

Planning an Overnight Trip

STEP 1

The troop should work together to answer the following questions:

- What other successful day trips have we taken that demonstrate we have progressed to this point of taking an overnight trip?
- Where are we going and when? How long will we be gone? How will we get there? Where will we stay?
- How much will it cost? How will we fund it? (*Note that money-earning projects must be planned and approved according to troop money earning policies.*)
- How should we get ready? Which adult will be our certified First Aid person? Where is emergency help available on our trip?
- What activities will we participate in?
- What do the Safety Activity Checkpoints require for the trip and the activities we're interested in?
- What are our back-up plans? (i.e. if we haven't earned enough money, prices change, etc.)
- Do parents/guardians support our trip plans?

STEP 2

After initial brainstorming, decide if your troop is ready to proceed in taking this trip. If so, now start making concrete plans.

- Create a daily itinerary to be included with your application.
 - Overnight accommodations – site name(s) with address & phone number(s)
 - Daily activities – site name(s) with address, phone number(s) & times you will be at each location
- Create a preliminary budget.
- Create a roster – girl/adult participants with program level, home phone number(s), address, and a family emergency contact person.
- Complete the Overnight Activity Notification and submit the form to your service team.

Overnight Activity Notification (Level 3 Trip)

Troop Information

Adult in Charge								
Address				Phone	Home			
City	Zip		Work					
Email					Cell			
Troop #			Service Unit Name					
Grade Level	<input type="checkbox"/> D	<input type="checkbox"/> B	<input type="checkbox"/> J	<input type="checkbox"/> C	<input type="checkbox"/> S	<input type="checkbox"/> A	Total # Girls	Total # Adults

Activity Information

Start Date	Start Time	End Date	End Time
Trip Destination			
Description of Trip			
Do you have a signed Activity Permission Slip for each girl participant?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an updated health form for each girl and adult participant?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the trip meet all council procedures for Girl Scout trips, as well as recommended ratios of girls to adults and Safety Activity Checkpoints?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Transportation Information

Do the adult drivers have valid operator's licenses and car insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the vehicles being used in good repair?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Adult Certifications

Is an adult certified in First Aid/CPR participating in the trip?	Name	Phone #
If camping, is a certified Troop Camp adult participating in the trip?	Name	Phone #
If participating in any activities like swimming or horseback riding, who will be the activity leader?	Name	Phone #

Emergency Contact

Who knows your plans, is not participating in the activity, and has a list of participants with contact information for parents/guardians?	Name	Phone #
--	------	---------

For Service Unit Use Only (to be filled out by authorized Service Unit Team Representative)

Date Received:	Date Approved:
Signature of Service Team Representative	

Keep one copy for your records and send one copy to the service unit team at least four weeks before your trip.

Return form to Beth Guthrie at ejguthrie@yahoo.com