



Trip Activity Notification Packet

This packet includes the Trip Notification Form, Learning Courses for Trips & Activities Summary, and the Participant List with Emergency Contact Form. Please review all pages.

Check all that apply:

- Service Unit
- Troop
- Intends to Travel Out-of-Council**
- Activity Involving Special Equipment**
(swimming, horse back riding, etc. refer to [Safety Activity Checkpoints](#))
- Overnight in an Indoor Facility**
- Overnight in an Outdoor Facility**
- First Aid/CPR** refer to [Safety Activity Checkpoints](#)

Please complete information below, attach required documentation, and give it to your Service Unit Team designee at least 3 weeks in advance of the activity date. Service Unit designee forwards it to the Troop and Membership Support Manager.

Service Unit # _____ Troop # _____ Level: _____

Day/Date/Time of Activity: _____ to _____

Leader Name: _____

Address: _____

Email: _____

Phone # (s): _____

Activity/Destination: _____

Address: _____

Phone: _____

Attach itinerary/schedule of activities

Include phone numbers and departure/arrival times & locations. Please refer to [Safety Activity Checkpoints](#) for all trips.

Travel Arrangements: Bus* Car Train Other*

*If hiring professional services, contact council for approval.

Back-Home Emergency Contact:

Name: _____

Phone # (s): _____

This person must have copies of your participant list with emergency contact information, trip itinerary and must be available by phone during the entire activity.

Indicate name and dates of the required trainings or attach copies of current training cards.

Volunteer Essentials: _____

CPR Trained Adult(s): _____

FA Trained Adult(s): _____

Certified Specialist: _____
(i.e.: lifeguard,)

Agency issuing specialist certification

Attach a list of names and back home emergency contacts for all persons attending. Adults on the trip may NOT be their own or their child's emergency contact.

_____ Girls

+ _____ Adults

+ _____ Non-Girl Scout children*
(*optional insurance available)

+ _____ Non-Girl Scout adults*
(*optional insurance available)

= _____ Total Attending

Additional/Non Member Insurance (form included in packet) Please note: The GSHH ACH Authorization Form is required. See the last page of this packet for form

I verify that our troop is covered by ALL required training for this trip or activity. I will obtain "Parent Permission Slips" for each girl and will obtain "Adult & Girl Health History" forms when necessary for each person attending. I have read the sections of [Safety Activity Checkpoints](#) and [Girl Scouts Heart of the Hudson Volunteer Essentials](#) that apply to my activity.

Signed: _____ Date: _____
Leader Signature

Signed: _____ Date: _____
Service Unit Team Designee

For Staff Use Only

___ Approved ___ Denied

Date _____

Action taken _____

Learning Courses for Trips & Activities

Please refer to [Volunteer Essentials](#) and [Safety Activity Checkpoints](#) while planning trip or activity.

Complete the Trip/Activity Notification form and Participant List

Submit signed Trip/Activity Notification with required paperwork to a Troop and Membership Support Manager at GSHH (see below) at least 3 weeks in advance of Trip/Activity date.

Type of Trip	Course	First Aid/CPR	Application	Participant List	Additional Insurance	Approval Notifications
Day: within council jurisdiction	Volunteer Essentials	Recommended	None	NO		SUT designee
Day: out-of-council jurisdiction	Volunteer Essentials	Recommended	Trip/activity form required	YES		SUT designee
Council-sponsored day trip	Volunteer Essentials	When <i>Safety Activity Checkpoint</i> requires	Register for event	YES		SUT designee
Overnight at indoor facility with electricity, water, bathrooms, and no fires.	Volunteer Essentials <u>AND</u> OIT (Overnight Indoor Training)	Required	Trip/activity form required	YES	3 nights or more	SUT designee <u>AND</u> SU Manager
Overnight in tents	Volunteer Essentials <u>AND</u> OIT <u>AND</u> OOT (Overnight Outdoor Training)	Required	Trip/activity form required	YES	3 nights or more	SUT designee & reserve site using DoubleKnot
Council-sponsored overnights	Volunteer Essentials <u>AND</u> OIT / OOT when required by event	Required	Trip/activity form required	YES	3 nights or more	SUT designee
SU camping at GSHH facility	Volunteer Essentials <u>AND</u> OIT <u>AND</u> OOT SU Camping On-Site Coordinator (1 per SU)	Required	Service Unit Camping Application	YES	3 nights or more	SUT designee & reserve site using DoubleKnot

Key: **OIT** = Overnight Indoor Training; **OOT** = Overnight Outdoor Training; **SU** = Service Unit **SUT** = Service Unit Team

If you are in:

Dutchess County or Ulster County = Troop & Membership Support in our Poughkeepsie Office

Rockland County or Orange County or Sullivan County = Troop & Membership Support in our Montgomery Office

Putnam County or Westchester County = Troop & Membership Support in our Pleasantville Office



REQUEST FOR ADDITIONAL / NON MEMBER INSURANCE

To request additional insurance, complete the form below, and forward to Girl Scouts Heart of the Hudson, Inc., 2 Great Oak Lane, Pleasantville, NY 10570. This request and premium must be received in the Council office at **least two weeks prior** to the starting date of the event.

All plans MUST be purchased with a minimum of \$5.00. The insurance is computed on a "per person" "per day", (not "per night") basis.
Mandatory: u or o a o m r ura , mu u a om GSHH ACH Authorization Form for Troop Bank Account Form. S om orm o Customer Care (customercare@girlscoutshh.org)

EVENT: Name: _____

Place: _____

Date(s): Beginning date: _____ Ending Date: _____

Coordinator: _____

Phone: _____ Email: _____

Please indicate the insurance plan being requested:

- Plan 2 - Non-Member Participant Insurance (\$.11 per person per day).
- Plan 3E - Accident and Sickness Insurance for events excluded under the Basic Plan. Required for trips of more than two nights (\$.29 per person per day). *Excess Plan.*
- Plan 3P – Accident and Sickness Insurance for events excluded under the Basic Plan. Required for trips of more than two nights (\$.70 per person per day). *Primary Coverage Plan.*
- Plan 3PI – Accident and Sickness Insurance for International Travel (\$1.17 per person per day)*

Troop/Group Leader/Advisor: _____

Address: _____

Service Unit # _____ Troop/Group # _____

ACTIVITY PARTICIPANTS REQUESTING INSURANCE: * Names required for overnight trips*

<u>Name</u>	<u>Male/Female</u>	<u>Age (children)</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Use back of form for any additional participants.

* _____ # participants X _____ # days X \$ _____ = \$ _____ **Total Premium Due (Minimum Fee \$5)**

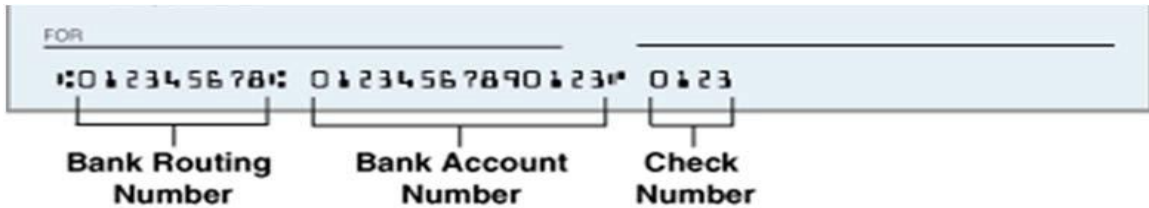
Signature of Troop/Group Leader: _____ Date: _____

Email form to: customercare@girlscoutshh.org



Girl Scouts Heart of the Hudson, Inc.
ACH Authorization Form for Troop Bank Accounts

If there are any changes to your troop’s bank account, a newly signed and dated form must be submitted to the GSHH Finance department. These changes include adding or changing signers on an account.



Sample check detailing where the information can be found which will be necessary to complete this form

Bank Account Information

Girl Scout Troop # _____ Type of Acct Checking Savings

Bank Name: _____

Bank Routing # _____ Bank Acct # _____

Email address to receive communications: _____

ACH Authorization

I, _____, authorize Girl Scouts Heart of the Hudson, Inc. (hereafter “GSHH”) to initiate credit and debit entries such as product sales payments, refunds, etc. to my account at the financial institution (hereafter “Bank”) indicated on this form. Furthermore, I authorize the Bank to accept and to credit entries indicated by GSHH. In the event that GSHH deposits funds erroneously into my account, I authorize GSHH to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in effect until this account is closed, or until GSHH has received written notification from an authorized signer of its termination.

Authorized Signature _____

Girl Scouts Heart of the Hudson, Inc.

- T. (855) 232-GSHH (4744) • F. 914-752-2488 • Email: customer care@girlscoutshh.org

FOR OFFICE USE ONLY (initial when entered)

Date received _____ Date entered _____ Entered by _____