

This packet is required for all activities that meet one or more of the criteria below. Submit the packet to your Service Unit Team at least **10 business days** before the activity date.

This packet includes the Trip Notification Form, Learning Courses for Trips & Activities, Participant List, Request for Additional Insurance, and ACH Authorization.

This form is required for all activities that meets one or more of these criteria. Check all that apply to your activity:

This activity is for the:

- Service Unit
- Troop

This activity will involve:

- Travel outside of the Girl Scouts Heart of the Hudson seven county jurisdiction
- One or more activities that requires Council Approval or a First-Aider, per Safety Activity Checkpoints
- Overnight at an indoor facility with electricity and running water
- Overnight at an outdoor facility or primitive indoor facility without electricity or running water

Service Unit # _____ Troop # _____ Level: _____

Day/Date/Time of Activity: _____ to _____

Leader Name: _____

Address: _____

Email: _____

Phone # (s): _____

Activity/Destination: _____

Address: _____

Phone: _____

Indicate dates of training completions or attach copies of current training cards.

Volunteer Essentials (1): _____

Volunteer Essentials (2): _____

Certified First Aider Adult(s): _____

Sleep In Trained Adult: _____

Cook Out Trained Adult: _____

Camp Out Trained Adult: _____

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

Agency issuing specialist certification: _____

Complete and submit with this form:

- **Participant list** (page 3 of packet)
- **Additional/Non Member Insurance and ACH Authorization Form** for payment (pages 4-5 of this packet, must be completed if the activity will be attended by Non Members, is 3 nights or more, OR involves international travel.)
- **Itinerary/schedule of activities** with phone numbers and departure/arrival times & locations.

Activity Participants:

- _____ Girl Scout Girls
- + _____ Girl Scout Adults
- + _____ Non Member Children*
- + _____ Non Member Adults*
- = _____ Total Attending

*See requirements or Non Member and Additional insurance.

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.

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 [Volunteer Essentials](#) that apply to my activity.

Signed: _____ Date: _____
Leader Signature

Signed: _____ Date: _____
Service Unit Team Designee

For Staff Use Only

Approved _____ Denied _____

Date _____ Staff _____

Action taken _____

Learning Courses for Trips & Activities

Refer to [Volunteer Essentials](#) and [Safety Activity Checkpoints](#) while planning trip or activity for additional requirements specific to the Girl Scout activities involved. Trip/Activity Notification Forms must be submitted to Service Unit designee for approval at least 10 business days before the scheduled activity.

Type of Activity	Courses Required	Certified First Aider	Application	Participant List	Additional Insurance	Approval Required
Day trip within council jurisdiction	Volunteer Essentials (VE)	Recommended	No	No	*Non-member	Service Unit (SU)
Day trip out of council jurisdiction	Volunteer Essentials (VE)	Recommended	Trip/Activity Form	Yes	*Non-member	Service Unit (SU)
Fire Building or Outdoor Cooking	VE & either Cook Out or Camp Out	Required	Trip/Activity Form	Yes	*Non-member	Service Unit (SU)
Overnight Indoors (with electricity and running water)	VE & Sleep In	Required	Trip/Activity Form, Site reservation in DoubleKnot if at GSHH property	Yes	*Non-member and/or 3 nights or more	Service Unit (SU) and **GSHH Staff
Overnight in Tents or Primitive Cabins	VE, Sleep In, & Camp Out	Required	Trip/Activity Form, Site reservation in DoubleKnot if at GSHH property	Yes	*Non-member and/or 3 nights or more	Service Unit (SU) and **GSHH Staff
Council-sponsored overnights	Volunteer Essentials and if required for event: Sleep In and Camp Out	Required	Trip/Activity Form when required by event	Yes	*3 nights or more	Service Unit (SU) and **GSHH Staff
Trip of 3 Nights or More	Volunteer Essentials and Sleep In, and if tent or primitive cabin camping, Camp Out	Required	Trip/Activity Form	Yes	*Non-member and 3 nights or more	**GSHH Staff
SU camping (at GSHH property or other property)	Volunteer Essentials, Sleep in, Camp Out, and one SU Camping On-Site Coordinator per Service Unit	Required	Trip/Activity Form required with separate participant list for each troop, Site reservation in DoubleKnot if at GSHH property	Yes	*Non-member and/or 3 nights or more	**GSHH Staff

*If Non Members will be attending an event, or the event lasts three nights or more, additional insurance must be purchased. See pages 4-5 of this packet.

**Trip/Activity Forms are submitted to GSHH Staff by the Service Unit Team.



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.
andator : All Requests for Additional / Non Member Insurance, must include a completed GSHH ACH Authorization Form for Troop Bank Account Form. Send completed forms to 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)

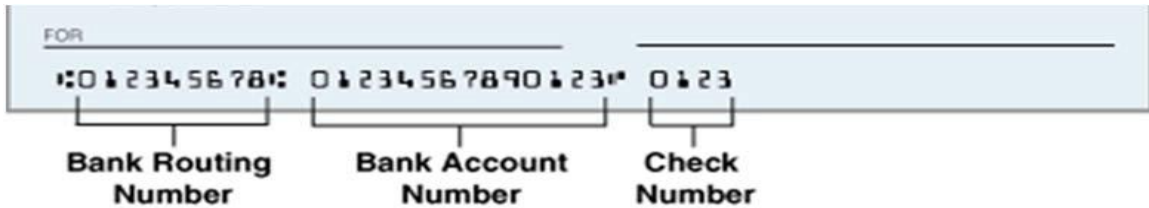
Signature of Troop/Group Leader: _____ Date: _____

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: customercare@girlscoutshh.org

FOR OFFICE USE ONLY (initial when entered)
Date received _____ Date entered _____ Entered by _____