



Please note: If individuals are requesting financial assistance for major troop travel, this form must be submitted to the Council by September 1st of the year prior to the scheduled trip. Troops must also have a current Finance Form on file with the Council office.

Leader's Name Troop # SU Level

Address City Zip

Day Phone # girls attending # adults attending

ADULT/CHILDCPR/FIRST-AID TRAINED ADULT (Please submit front and back copies of both CPR and First-Aid certificates with this form. Medical personnel may submit a copy of their medical license for First Aid in addition to their CPR card copy.) Please check to see if your activity requires the presence of a person with First Aid II certification.

Name Phone

First- Aid expires CPR expires

Please review Safety-Wise requirements for all planned activities.

CHECKLIST FOR TROOP ACTIVITIES

- Meet girl/adult ratio with adults age 19 and older
In-town contact/emergency procedures in place
Parental permission forms signed
Secured qualified CPR/First-Aid person
First-Aid kits in vehicles
Licensed adult drivers minimum age 19
Vehicles properly insured/licensed
Seatbelts for all occupants
Additional insurance coverage for all activities longer than two nights and three days.
No smoking or alcohol consumption during events
Helmets for horseback and bike riding
Water-trained adults and lifeguards
Proof of current health exam
Adults with emergency procedure knowledge
Girls reviewed personal protection guidelines

Return to: Girl Scouts –Homestead Council
ATTN: Troop Trip Request
1701 S. 17 St.
Lincoln NE 68502
(402)476-7539

*If you troop is planning additional money-earning activities, beyond the Girl Scout product sales, you must complete and submit the Troop Money Earning Request Form on the back of this page.

TROOP TRIP REQUEST INFORMATION:

Event date to Cost per girl Adult contact Day phone

Location/destination

Overnight accommodations Address

Cell phones on trip

SPECIALTY-TRAINED ADULT (Please submit copies of certification)

Name Phone

Qualified Troop Camper or Other Specialty Training Expiration date

I have checked the troop's readiness for this event. I have carefully completed the items on the checklist which pertain to our activity and consulted the VIP and Safety-Wise to assure the proper procedures are followed.

Signature Date

For office use only. Date received Authorized Date



Any troop planning money earning activities, beyond the Girl Scout product sales must complete and submit this form to the Council office for approval prior to the money-earning activity.

Leader's Name _____ Troop # _____ SU _____ Level _____

Address _____ City _____ Zip _____

Day Phone _____ # girls in troop _____

Return to:
Girl Scouts –Homestead Council
ATTN: Money Earning Request
1701 S. 17 St.
Lincoln NE 68502
(402)476-7539

PLEASE NOTE:

- *Daisy troops cannot participate in fund-raising activities.*
- *Troops may not participate in commercial product sales.*
- *Troops planning to participate in money-earning activities must have participated in the last Cooke Sale program.*

TROOP MONEY EARNING INFORMATION:

CHECK LIST FOR TROOP MONEY EARNING:

- Troop participated in last Cookie Sale program Obtained health permit (food activities)
 Girls helped plan money-earning activity Obtained sales tax permit

Event date ___/___/___ Purpose of Funds _____

Project earnings _____ Amount currently in troop's treasury _____

Amount earned last Cookie Sale _____ Nut Sale _____

PLEASE INDICATE PROPOSED ACTIVITY:

- Bake sale Competitions Recycling project
 Car wash Garage sale Skill/Craft clinic
 Chili/Spaghetti feed Phonebook delivery
 Other (Explain) _____

Signature _____ Date _____

For office use only. Date received ___/___/___ Authorized _____ Date ___/___/___