**Girl Scouts of Eastern South Carolina**

**Multiple Troop Event Approval Form**

**Form 1**

**This form has two parts. The Event Coordinator should complete Form 1 only. Participating troops should fill out Form 2 only. A completed Multiple Troop Event Approval Form is required for all events involving all overnight trips, trips involving the use of rented/borrowed/chartered vehicles or activities which require council approval. Submit three (3) weeks prior to the event, including if additional insurance is required. Events must be approved by the Volunteer Support Specialist. For trips lasting more than two [2] nights additional insurance MUST be purchased**. To obtain insurance coverage, submit a completed Extra Insurance Request Form, your trip itinerary, and a check made payable to GSESC (minimum premium is $5) at least three (3) weeks prior to the event. All forms must be submitted to: Girl Scouts of Eastern South Carolina, North Charleston Service Center, 7257 Cross County Rd, North Charleston, SC 29418

Date       Service Unit       Event Name       # of Girls       # of Adults

List the participating Troop #s:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |

Event Coordinator       Phone       Email       Destination       \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Beginning Date of Trip       \_\_\_\_\_Ending Date of Trip       \_\_\_\_\_\_\_\_\_

Overnight accommodations: Place       Phone#

**Type of Transportation**

[ ]  *If vehicle is borrowed or chartered a Certificate of Liability Insurance must be attached for approval.*

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Flight, Train, Bus, and/or Ship *(attach copy of itinerary)* | [ ]  | Private vehicle(s) |
| [ ]  | Recreational vehicle | [ ]  | Parent Drop-off & Pick-up |
| [ ]  | Troop rented or chartered vehicle (**Note:** Corporate Account with Enterprise #XZ26618 | [ ]  | Other:\_  |

***Driver’s Names Driver’s License # Automobile Insurance Policy #/Carrier/Telephone #***

Event CPR & First-Aider\_       Phone#       Certified Lifeguard (if swimming)       Phone#       Has *Safety Activity Checkpoints* been reviewed to ensure all requirements for health and safety will be met? [ ] Yes [ ] No

Have Permission Slips been received for every girl participating in this trip? [ ] Yes [ ] No

Did you have girls participate in planning this event?

Discuss how girls participated in the planning of this trip.

Event Coordinator Signature       Date

**\*\*Disclaimer: Trip or Multiple Troop Event Approval Forms must be approved by Girl Scouts of Eastern South Carolina. Failure to submit a Trip or Multiple Troop Event Approval Form or if it has been denied, your trip or event will not be covered by Girl Scout insurance should an accident, injury or sickness occur and you may be personally liable.**

**Including**

**Girl Scouts of Eastern South Carolina**

**Multiple Troop Event - Troop Participant List**

**Form 2**

**Complete this form (one per troop) for all troops *attending* Multiple Troop Event**. Troops complete this form only and submit to council **three (3) weeks prior to the event including if additional insurance is required**. Forms must be submitted to: Girl Scouts of Eastern South Carolina, North Charleston Service Center, 7257 Cross County Rd, North Charleston, SC 29418

**Troop #** **Event Name** **Event Date**

*(At least one Troop Camper is required for every camp site)*

Primary Troop Leader       Phone/Email

*Check all that apply:*

[ ]  Troop Camper [ ]  Planning Trips w/Girls [ ] Certified CPR [ ]  Certified FA [ ]  Child Abuse Awareness

Assistant Leader       Phone/Email

*Check all that apply:*

[ ]  Troop Camper [ ]  Planning Trips w/Girls [ ]  Certified CPR [ ] Certified FA [ ]  Child Abuse Awareness

Other Trained Adult       Phone/Email

*Check all that apply:*

[ ]  Troop Camper [ ]  Planning Trips w/Girls [ ]  Certified CPR [ ]  Certified FA [ ]  Child Abuse Awareness

Emergency Contact Name       Phone #       Address

**Type of Transportation**

*.*

|  |  |
| --- | --- |
| [ ]  *If vehicle is borrowed or chartered a Certificate of Liability Insurance must be attached for approval* |  *If vehicle is borrowed or chartered a Certificate of Liability Insurance must be attached for approval* |
| [ ]  | Flight, Train, Bus, and/or Ship *(attach copy of itinerary)* | [ ]  | Private vehicle(s) |
| [ ]  | Recreational vehicle | [ ]  | Parent Drop-off & Pick-up |
| [ ]  | Troop rented or chartered vehicle (\*\*\***Note:** Corporate Account with Enterprise #XZ26618 | [ ]  | Other:  |

***Driver’s Names Driver’s License # Automobile Insurance Policy #/Carrier/Telephone #***

|  |  |  |
| --- | --- | --- |
| 1. | *Girls*        | *Adults*1.        |
| 2. |         | 2.        |
| 3. |         | 3.        |
| 4. |         | 4.        |
| 5. |         | 5.        |
| 6. |         | 6.        |
| 7. |         | 7.        |
| 8. |         | 8.        |
| 9. |         | 9.        |
| 10. |         | 10.     \_  |

Leader Signature      Date

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