



## GROUP TRIP/ACTIVITY ALERT

Fill out and submit to your Service Unit Manager (or designated person) **TWO WEEKS** prior to trip or sensitive activity. If the SUM is the Group Leader, then mail, fax, or email to your Regional Office. For sensitive activities, refer to Page 67 in *Safety Wise*.

Today's Date: \_\_\_\_\_ SU/Community: \_\_\_\_\_

GROUP # \_\_\_\_\_ AGE LEVEL: \_\_\_\_\_

#OF GIRLS: \_\_\_\_\_ #OF ADULTS: \_\_\_\_\_

GROUP LEADER'S NAME: \_\_\_\_\_

Date(s) of trip: \_\_\_\_\_ Alternate Date(s): \_\_\_\_\_

**For a sensitive activity:** Parental Permissions were distributed on: \_\_\_\_\_

**For a Trip:** Time & place of departure: \_\_\_\_\_ Return: \_\_\_\_\_

Approximate round trip mileage: \_\_\_\_\_ Estimated total hours on trip: \_\_\_\_\_

**SPECIFIC DESTINATION:** \_\_\_\_\_

**TOWN/CITY/STATE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**PURPOSE:** \_\_\_\_\_

**ADULT DRIVERS: Name, Driver's License Number and state where issued:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GROUP EMERGENCY CONTACT PERSON:**

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

The Emergency Contact will be the liaison between the girls and parents during the trip/activity.

**FIRST AIDER & CPR PERSON:** \_\_\_\_\_

**DATES OF EXPIRATION CPR:** \_\_\_\_\_ **FIRST AID:** \_\_\_\_\_

**IF THE TRIP REQUIRES (CHECK SAFETY-WISE), NAMES OF:**

**CAMPING QUALIFIED PERSON:** \_\_\_\_\_

**LIFEGUARD:** \_\_\_\_\_ **EXP:** \_\_\_\_\_

**OTHER:** \_\_\_\_\_ **EXP:** \_\_\_\_\_