



Activity/Trip/Event Information

Use this form any time you leave your typical meeting place. Complete the top portion, then have girls' parents/guardians complete and return the bottom portion. Group leaders must have fully executed permission slips in-hand for every girl for the duration of the Girl Scout activity/event/trip.

5-digit Troop #	Name of Activity/Trip/Event					
Name of Venue						
Address C		City	City		State	Zip
Cost of Activity	For	r		Date to Re	Date to Remit Slip and Payment	
Departure Information						
Date			Time			
Name of Departure Site			<u> </u>			
Address		City		State	Zip	
Return Information			~			
Date			Time			
Name of Return Site						
Address		City			State	Zip
In case of an emergency, this	is the designated	l off-site c	ontact w	ho will im	mediately notify na	rente/duardiane:
Name of Contact			Phone			
			<u> </u>			
	hoa mu normiasi	on to nortic	inata in			_ as outlined above.
has my permission to participate in and that a current Girl Health By signing here, I confirm that she is physically capable of participating fully in this activity, and that a current Girl Health History Form is on file with her troop leader. During the activity, I can be reached at this phone number:						
-		_		caenca at t	mo phone namber	
If I cannot be reached in the event of an emergency, please con			Relation to Girl			
Tame						
In the event of an accident, serio medical attention for	-	· -	-	r or trip co	ordinator has my autl	norization to secure
By signing here, I acknowledge th contact. As with any social activi that while Girl Scouts Heart of Ne COVID-19 infection will not occur	ty, participation in C ew Jersey takes eve	Girl Scouts or Fry safety ar	could present	ent the risk ative preca	of contracting COVID	D-19. I understand
Parent/Guardian Signature				Date		

If you choose to use a digital form of this document, by typing your name, you are electronically signing this form and are confirming that you have read the activity details. You hereby give permission to the girl named above to participate.