

Troop # is plani	ning a		on (dates)	
Location		P	hone	
<b>ARRANGEMENTS F</b>	OR TRANSPORTATION:			
Time and Place of Departure:			Mode of Transportation:	
Time and Place of Return:				
	s: (list below)			
Each girl will need:				
	p representative's name and phone nun e will communicate with the rest of the f		the point of contact during	
Cut and return bottom portic	on to Troop Leader/Assistant Leader by			
My daughter,	Troop # h	as permission to participate in _		
She is in good physical condition	on and has not had any serious illness or op	peration since her last health exa	mination.	
During the activity, I may be rea	ached at:			
Address		Phone Number	Ext	
In the event of an emergency, i	f I cannot be reached, the following persor	n is authorized to act in my behal	f:	
Name	Address	City, Sta	City, State, Zip	
Phone Number	Relationship to Partic	cipant:		
Additional Remarks				
Parent/Legal Guardian Signatu	re	D	ate	

Girl Scout Safety Guidelines require Leaders obtain a parent's/guardian's written permission for every girl wishing to participate in an activity that is held at a different place and time from the regularly scheduled meeting place and time.