

Extended Overnight Trip Application

Girl Scouts of New Mexico Trails

Participant Roster

(Complete additional forms until all participants are listed.)

If any changes are made to this list a new form must be submitted to Council prior to departure. At that time, plans for the use of Group will be evaluated with the group leader, GSNMT representative, girl and her parents. All attendees must be listed on roster in order to be covered under Mutual of Omaha insurance. Emergency Contact must be someone not on the trip.

For "Level," select Girl Scout Program Levels from the drop-down selection option.

Name: _____
Emergency Contact #1: _____ Phone: _____
Emergency Contact #2: _____ Phone: _____

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COUNCIL USE ONLY

DATE RECEIVED: _____ COUNCIL SIGNATURE: _____