

# 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 Funds will be evaluated with the group leader, GSNMT representative, Girl Scout and her parents. All attendees, including adults and family members, 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: _____	Choose level: _____
Emergency Contact #1: _____	Phone: _____
Emergency Contact #2: _____	Phone: _____
Name: _____	Choose level: _____
Emergency Contact #1: _____	Phone: _____
Emergency Contact #2: _____	Phone: _____
Name: _____	Choose level: _____
Emergency Contact #1: _____	Phone: _____
Emergency Contact #2: _____	Phone: _____
Name: _____	Choose level: _____
Emergency Contact #1: _____	Phone: _____
Emergency Contact #2: _____	Phone: _____
Name: _____	Choose level: _____
Emergency Contact #1: _____	Phone: _____
Emergency Contact #2: _____	Phone: _____
Name: _____	Choose level: _____
Emergency Contact #1: _____	Phone: _____
Emergency Contact #2: _____	Phone: _____
Name: _____	Choose level: _____
Emergency Contact #1: _____	Phone: _____
Emergency Contact #2: _____	Phone: _____
Name: _____	Choose level: _____
Emergency Contact #1: _____	Phone: _____
Emergency Contact #2: _____	Phone: _____
Name: _____	Choose level: _____
Emergency Contact #1: _____	Phone: _____
Emergency Contact #2: _____	Phone: _____

COUNCIL USE ONLY

DATE RECEIVED: \_\_\_\_\_ COUNCIL SIGNATURE: \_\_\_\_\_