girl scouts in the heart of pennsylvania

Troop/Group Travel Roster

Complete and submit with Travel Trip Application

***Leave a copy of this roster with the at-home Emergency Contact Person**

Roster for Troop/Group _____ Date(s) of Trip: _____ Destination: _____

At Home Contact Name: _____ Phone Number: (_____)_____

Girl's Name	Parent/Guardian	Phone Number	Emergency Contact	Contact's Phone Number

Registered Adults Accompanying the Troop/Group

Name	Phone Number	Role	Emergency Contact	Contact's Phone Number
		☐ Driver ☐ First-aider ☐ Chaperone ☐ Other		
		☐ Driver ☐ First-aider ☐ Chaperone ☐ Other		
		☐ Driver ☐ First-aider ☐ Chaperone ☐ Other		
		☐ Driver ☐ First-aider ☐ Chaperone ☐ Other		
		☐ Driver ☐ First-aider ☐ Chaperone ☐ Other		

If you need more space, please attach additional sheets

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