

Girl Scouts of Minnesota and Wisconsin River Valleys
Redwood Falls Service Center
809 East Bridge Street, Redwood Falls, MN 56283
507-637-3569; 800-332-4475; fax: 507-627-2138

ADULT CHAPERONE APPLICATION for SAVANNAH TRIP

Name _____ Email _____

Address _____

City, State, Zip _____

Home Phone _____ Alternate Phone _____

Best way of contacting you _____

Are you a registered Girl Scout? Y N Number of years in Girl Scouting? _____

If yes, please list your Girl Scout position(s) _____

Have you traveled in the Savannah area? If yes, please describe your experience.

Please describe any other travel/trips that you have taken:

List your strengths that you feel would be of value on this trip:

Please describe any experience you have using a group or patrol system:

Please describe what you would do if a girl breaks one of the trip rules:

List the community organizations or professional groups that you belong to:

I am willing to attend meetings with the trip director, chaperones, girls, and parents as necessary for the group to prepare for the trip _____ (initial)

I have reviewed and subscribe to the Girl Scout Promise and Law _____ (initial)

Signature _____ Date _____