

Girl Scouts of the Green and White Mountains Travel Plan for Extended Trip Form

Travel Plan for Extended Trip Form is due four months prior to travel dates for domestic travel and one year prior to travel dates for international travel. Within [10] business days, of receipt of your request, you will be notified of the status of your request. The Travel Checklist must also accompany the Travel Plan for Extended Trip Form.

Date: _____		Group/Troop No.: _____		Service Unit: _____	
Advisor/Leader Name: _____					
Address: _____		City: _____		St: _____	Zip Code: _____
Day Phone: () _____		Alternate Phone: () _____		Email: _____	

Departure Date: _____ Time: _____ a.m. / p.m. From: _____

Return Date: _____ Time: _____ a.m. / p.m. To: _____

Place(s) Travelling to: _____

Trip Description: _____

Are there high risk activities on this trip? Yes No If yes, type of activities: _____

What is the Adult/Girl Ratio for this trip? ____ Adults to ____ Girls

Adult Participants and Certifications [to be tailored accordingly to Council offering]:

The adults listed below are participating on this trip and have completed the necessary training for this trip. See Volunteer Essentials and Travel Appendix guidelines for travel certifications. Please include copies of certification cards with travel plan.

Name	Age	Role <small>(i.e. Trip Leader, Assistant, First Aid/CPR)</small>	Certification <small>(i.e. First Aid/CPR, Travel Workshop, Lifeguard)</small>	Date Completed	Expiration <small>(if applicable)</small>	Approved <small>(by Council)</small>

Transportation:

_____ Private

_____ Leased/Rented

Company: _____

_____ Bus

Company: _____

_____ Train

Company: _____

_____ Plane

Airline: _____ (include flight #s)

_____ Watercraft

Company: _____

Adults listed below are driving private/leased/rented vehicles (if applicable, list additional driver(s) information on a separate sheet):

Name: _____ D.L. # _____ State: _____ Expiration: _____

Insurance Co.: _____

Name: _____ D.L. # _____ State: _____ Expiration: _____

Insurance Co.: _____

At-Home Emergency Contacts (if applicable, list additional emergency contact information on a separate sheet):		
Name (list in priority order):	Phone Number:	Secondary Phone Number:

Traveling Contacts (List phone numbers for places of accommodations, where you will be traveling, indicate hours of operation; i.e. 8 to 5 or after-hours. If traveling internationally include embassy information. Use additional sheet if necessary.):		
Name (list in priority order):	Phone Number:	Hours of Operation:

Attach documentation to include with travel plan for the following:

- Participants
 - Name of girl and additional adult participants on this trip, include age, program grade level (i.e. Cadette), primary and secondary emergency phone number and family member contact name
- Route of ground travel
- Places you will be staying; include emergency contact information, address and phone number(s).
- Day-to-day itinerary including times and locations
- Itemized budget; including income and expenses per girl and adult, total budget, funds earned from council-sponsored product sales and money-earning activities and income
- Driver information for those not previously listed
- If applicable, include special consultants, resources, equipment, other groups or organizations involved and planned safety precautions (i.e. high risk activities)
- Travel Checklist
- Copies of Certification Cards (i.e. First Aid, CPR, Lifeguard)

Advisor/Leader Statement of Compliance:

- GSUSA Activity Checkpoints, GSUSA and Council health, safety and emergency procedures have been reviewed and are being adhered to as defined in Volunteer Essentials and Travel Appendix.
- All drivers for these activities are properly licensed and all vehicles are registered, insured, maintained and have a seat and seatbelt for every passenger.
- Parents/guardians are informed of the trip activities, safety and emergency procedures, and contact information.
- Appropriate permissions have been obtained for each girl including Health History.
- Our group/troop will conduct ourselves at all times in a positive manner while representing Girl Scouts.
- I understand providing misinformation could result in the trip not being covered by Girl Scout Activity Insurance and could increase personal liability.

Advisor/Leader Signature: _____ Date: _____

Date Received: _____			<input type="checkbox"/> Date Approved		<input type="checkbox"/> Date Not Approved	
If not approved, what is the reason? _____						
Date of Notification: _____			Council Signature: _____			
Next Steps/Recommendations/Comments: _____						
