

Intent to Travel for an Extended Trip

This form is due 4 - 6 months prior to travel dates for domestic travel and one year prior to travel dates for international travel.

You will be notified of the status of your request within

10 business days of receipt of your request.

Today's Date:	Troop Number:	Cor	nmunity Number:	
Leader Name:				_
Address:	City:	ST:	ZIP:	
Day Phone: ()	Alt. Phone:	Em	ail:	
Trip Destination:	Estimated Trip Dates:			
Troop age level:	# Girls	:	# Adults:	
Finances:				
Estimated Trip Co	est			
Lodging				
Transportation				
Activities				
Food				
Insurance (.70 per per international trips)	son per day for domestic trips,	\$1.17 per person p	per day for	
Emergency Fund (pla	n for at least 10% of total expe	enses)		
Total Estimated Cost				
Amount Saved to Dat	e			
Total Still needed for	Trip			
Adult Chaperones (inc	lude all adults attending trip).		
Name	Role (ie	Role (ie: Trip leader, Assistant, CPR/First Aid)		
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Submit the Checklist for Troops going on an Extended Trip form with this form.