

Troop/Group # _____ Grade Level: D B J C S A Departure Date: _____ Return Date: _____

Troop/Group Information - *Volunteer Essentials and applicable Safety Activity Checkpoints must be reviewed prior to planning your Girl Scout trip. This form must be submitted for approval at least six weeks in advance. Trips requiring council approval must first be approved by your service unit. **When submitting this form for approval you must include the participant roster, a trip budget, a detailed itinerary including arrivals, departures, and daily activities, a copy of the required First-Aid/CPR certification, and documentation of trainings.** Please see the travel appendix of Volunteer Essentials for travel planning and approval procedures.*

Troop/Group Leader: _____ Service Unit: _____

Email: _____ Home Phone: (____) _____ Cell Phone: (____) _____

Trip Information

Trip Destination(s): _____

Girls: _____ # Female Adults: _____ # Male Adults: _____

Form of Transportation: _____
*(e.g. Private vehicle, Rented/Leased Vehicle, **Chartered Bus/Van (see Volunteer Essentials for contract procedures)**, Plane, Train, Boat)*

Time/Place of Departure: _____

Time/Place of Return: _____

Training/Certifications – Must attach documentation for each

	Name	Phone	Training/Certification Date(s)
First Aider (First Aid/CPR) <i>(Required for all trips):</i>	_____	_____	_____

Core Leader Training including Traveling Troops *(Required for all trips):* _____

Camp Trained Adult (If required): _____

Specialty Consultant (e.g. Lifeguard, etc.): _____

Troop Emergency Contacts – Must be available during entire trip

Emergency Contact (adult traveling with group): _____ Phone No. During Trip: (____) _____

Emergency Contact (At home): _____ Phone No. During Trip: (____) _____

Alternate Emergency Contact: _____ Phone No. During Trip: (____) _____

Overnight Accommodations – Required for overnight trips

(If staying at multiple locations please attach a separate sheet with information on each.)

Name of Hotel/Campsite/Cruise Line: _____

Address: _____ (____) _____
Street City State Zip Phone

Troop/Group Leader: By my signature I affirm that I have reviewed the trip plans and all required documents. **I have read the applicable Safety Activity Checkpoint(s) for this trip and travel appendix in Volunteer Essentials.** Membership registrations, volunteer eligibility and relevant trainings have been verified and this trip has been planned with girl input at a level appropriate for the girls' grade level and progression.

Troop/Group Leader Signature _____ **Date:** _____

****I have purchased Additional Activity (Trip) Insurance required for trips of 3 nights or more:** _____
(initial here)

Service Unit Approval: _____ **Date:** _____
Troop Consultant or Community Membership Manager

Printed Name: _____ Email: _____

Council Approval: _____ **Date:** _____

Service Unit and Council approval is required for out-of-state trips.

Staff Name: _____ Position: **Troop Support Specialist**

Participant Roster/Additional Activity (Trip) Insurance Application

Troop/Group Leader Name _____

Troop/Group # _____ Service Unit _____

Leader's Address _____
City State Zip

Email Address _____

Home Phone (_____) _____ Cell Phone (_____) _____

Trip Destination(s) _____

Departure Date _____ Return Date _____

Please print/type names and list phone number of the Emergency Contact (traveling with troop/group).

** List all girls first, skip a line and list adults. Attach additional sheets as needed. All girls and adults must be registered for the membership year in which the trip will be taken and all adults must have a current background check.

Name	(Area Code) Phone	Name	(Area Code) Phone
1. _____	_____	11. _____	_____
2. _____	_____	12. _____	_____
3. _____	_____	13. _____	_____
4. _____	_____	14. _____	_____
5. _____	_____	15. _____	_____
6. _____	_____	16. _____	_____
7. _____	_____	17. _____	_____
8. _____	_____	18. _____	_____
9. _____	_____	19. _____	_____
10. _____	_____	20. _____	_____

Trip Insurance is required for trips of three nights or more. Submit insurance request and check payment 15 to 30 days before the trip. A copy of the insurance company's form and confirmation will be emailed to the leader.

Insurance Coverage (Refer to "Purchasing Trip Insurance" in Volunteer Essentials for coverage descriptions). Select one:

- 3E _____ Secondary Coverage - \$ 0.29 per person per day
 3P _____ Primary Coverage - \$ 0.70 per person per day
 3PI _____ International Travel and Cruises - \$1.17 per person per day

Total # of travelers _____
 X Total # of days including travel _____
 X Daily Rate of Insurance _____ = Total Amount Due _____

Make check payable to United of Omaha Insurance Company;

Send with a copy of this form to GSWCF, Attn: Troop Support, 4610 Eisenhower Blvd, Tampa, FL 33634

Check or money order only. No credit/debit cards or cash.

Or you may submit the checking account information here to process the payment as an ACH fund withdrawal (e-check):

Check one: This is a troop account (**two signatures required**) This is a personal account

Routing #: _____ Account #: _____

Authorized Account Signer: _____ Signature: _____ Date: _____

Authorized Account Signer: _____ Signature: _____ Date: _____

GSWCF Troop Travel Checklist

Use of this form is optional. Use it for your own recordkeeping.

Use this checklist as a tool to help your troop prepare for Girl Scout Trips that require approval. The first page will help to make sure you have everything you need to get the trip approved. Add your own "to-do" items or packing list to the second page so that nothing is forgotten! Asking the girls in your troop to help create the list is one way to keep them involved in the trip planning process. Bon Voyage!

Leader/Advisor		
Troop #		
Age Level		
Trip Dates		
Destination		
Transportation		
Item	OK/NA	Comments
Paperwork		
Read the travel appendix in Volunteer Essentials		
All girls and adult are registered		
All adults have current background checks		
Minimum adult-to-girl ratio met		
Trip Planning Form and Participant Roster completed		
Detailed Itinerary & Excursions (Attached)		
Trip Budget (Attached)		
Trip insurance purchased for trips of 3 nights or more		
Safe Driver Pledge(s) signed		
All activities follow Safety Activity Checkpoints		
Travel/Outdoor Progression followed		
Trainings		
First Aid/CPR Certification (Attached)		
Traveling Troops		
Let's Work Together		
Let's Get Organized		
Let's Be Girl-Led		
Lifeguard Certification		
Camp Trainings (if needed)		
Approvals		
Approved by your Service Unit		
Approved by Council (Out of state trips)		

