

## Directions

Preview the checklist below making sure you have all the required certifications and training requirements. For more information, you can reference Volunteer Essentials. Submit this form to your Service Unit Manager (SUM) for review and approval. If no SUM is available, email to Membership Specialist.

- **For trips over 100 miles away from meeting location, overnight trips, or trips outside of the GSGMS coverage area:** Submit this form 3 weeks prior to trip
- **For extended domestic travel:** Submit this form at least 3 months prior to trip\*
- **For international travel:** Submit this form at least 12 months prior to trip\*

**\*Preliminary rosters due at this time; final rosters due a minimum of 2 weeks prior to trip.**

Troop Number: \_\_\_\_\_ Service Unit: \_\_\_\_\_ Travel Dates: \_\_\_\_\_

Troop Leader: \_\_\_\_\_ Preferred Method of Contact:  Email  Phone  Both

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Travel Destination: \_\_\_\_\_

Type of Trip:  Daytime Field Trip (over 100 miles)  Overnight Trip (1-2 nights)  
 Extended Overnight Trip (3 or more nights)  International Extended Trip (Outside US)

Has this troop been on a trip before?  Yes  No If yes, where has your troop traveled in the past?

### Girl Scout Troop Trip Checklist

- Completed and submitted Travel Application
- Copy of First Aid/CPR Certification (1 adult)
- Copy of valid vehicle insurance for all drivers
- Troop Leader has visually verified driver's licenses are valid
- Adult to girl ratios are being met
- Training requirements have been met
- Additional insurance purchased (if necessary)

**If this is an international trip, contact your membership specialist for additional requirements**

Troop Leaders should have copies of these forms with them at all times. Forms can be found in the VTK under the Resources tab in the Trips & Travel Folder.

Parent Permission Forms	<input type="checkbox"/>
Girl Health History Forms	<input type="checkbox"/>
Adult Health History Forms	<input type="checkbox"/>
Driver and Vehicle Information Forms	<input type="checkbox"/>

Incident Forms

**Money Earning**

Are troop funds being used for this trip?  Yes  No

Are additional funds needed for this trip?  Yes  No

If yes, have you submitted a request for additional money earning activity to council?  Yes  No

Describe your troop's plan to earn the funds needed for the trip/activity:

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**Girl Scout Leadership Experience**

What is the main purpose of this trip? \_\_\_\_\_

How are you making sure this is a girl-led, girl-planned trip? \_\_\_\_\_

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Is your troop/group incorporating a badge or Journey activity?  Yes  No

Which of the four national pillars best match the activities of your trip (Choose all that apply):

STEM  Outdoor  Entrepreneurship  Life Skills

**Participant Information**


Number of girls traveling by level:

\_\_\_\_\_ Daisy \_\_\_\_\_ Brownie \_\_\_\_\_ Junior \_\_\_\_\_ Cadette \_\_\_\_\_ Senior \_\_\_\_\_ Ambassador

Total number of girls participating: \_\_\_\_\_ Estimated cost per girl: \_\_\_\_\_

Total number of unregistered children (tagalongs) participating: \_\_\_\_\_

Number of female adults participating: \_\_\_\_\_ Number of male adults participating: \_\_\_\_\_

 **All adults attending trips over 100 miles from troop's meeting location, outside of the GSGMS coverage area, overnights, or domestic/international trips must be registered members of Girl Scouts and pass a criminal background check to attend.**



### Transportation Information

(ALL contracts with transportation providers require your Membership Specialist be notified. Council CEO approval/signature is required for charter vehicle contracts.)

Mode of transportation:  Personal  Rental  Public

Make/Model of vehicle(s): \_\_\_\_\_ Number of passengers vehicle holds: \_\_\_\_\_

Airline: \_\_\_\_\_ Flight Number: \_\_\_\_\_

Trip departure time: \_\_\_\_\_ Location: \_\_\_\_\_

Trip return time: \_\_\_\_\_ Location: \_\_\_\_\_

Other (boat, train, etc.) \_\_\_\_\_

### Lodging Information

Dates: \_\_\_\_\_ to \_\_\_\_\_ Accommodation Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Planned Activities	Location

I agree that the information I provided is true and complete. I hereby acknowledge that I have read and understand the Safety Activity Checkpoints and Volunteer Essentials as related to this trip and I agree to update GSGMS with any changes made after submission of this application.

**Leader Signature:** \_\_\_\_\_ **Date submitted:** \_\_\_\_\_

**Service Unit Manager:** \_\_\_\_\_ **Date submitted:** \_\_\_\_\_

**Approved by Membership Specialist:** \_\_\_\_\_ **Date leader notified:** \_\_\_\_\_