

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 customer care at customer care@gsgms.org.

- **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 6 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

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:

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? _____

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.**

Girl First and Last Name	Age	Emergency Contact and Phone Number

(If additional space is needed, please attach a separate sheet.)

List the name of all adults going on the trip and include those with trainings required for your trip.

Training Requirements

Outdoor Living Skills (OLS): Required for any troop travel that requires fire building and/or use of tents.

CPR/First Aid: Required for ALL trips! Must be present at all times. Include copy of certification.

Adult First and Last Name	Phone Number	Role and Expiration Date (Driver, CPR/First Aid, OLS, Parent, etc.)

Emergency Contact

A person not going on the trip, designated to contact parents/guardians in the event of an incident/change in itinerary.

Name: _____ **Phone:** _____

Email: _____

Ensure the emergency contact has a copy of the troop/group trip roster with each participant’s emergency contact information.

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

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	<input type="checkbox"/>

Every registered Girl Scout member (girl and adult) is covered by GSUSA Basic Coverage insurance. For travel longer than 2 nights and/or 3 days and international travel, additional insurance must be purchased. Please submit additional insurance form to your membership specialist at least 4 weeks before trip. An accounting representative will contact the troop leader for payment.

Coverage Options

- **Plan 2 – Accident insurance for activities or events excluded under basic plan**
 - Members – Covered during activities/events lasting more than 2 nights (3 nights when one of the nights is an official federal holiday).
 - Non-Members – Covered as participants regardless of the length of the activity/event.
- **Plan 3E and Plan 3P – Accident and sickness insurance for activities or events excluded under basic plan**
 - Provides coverage for members and non-members as participants.
 - Provides sickness coverage.
 - Cover travel to and from the covered activity.
 - Covers both members and non-members with the completion of a single enrollment form.
 - Plan 3E coordinates with any family health plan
 - Plan 3P acts as primary coverage
- **Plan 3PI – Accident and sickness insurance for international trips excluded under basic plan**
 - Provides coverage for international travel. Must be used for cruises even without disembarkment at ports.

Troop or Service Unit: _____

Destination: _____

Departure Date: _____ Return Date: _____

Plan	Number of Participants	Number of Days	Premium	Total (participants x days x premium)
Example	5	3	.11	5x3x.11 = \$1.65 (example)
2			.11	
3E			.29	
3P			.70	
3PI			1.17	

Note: Mutual of Omaha requires a \$5 minimum for all insurance purchases, even if the total is less than \$5

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:** _____