



Girl Scouts in the Heart of Pennsylvania
TRAVEL TRIP APPLICATION

For Approval of Overnight, Extended Overnight and International Trips
 to Locations Other Than GSHPA-owned sites

SECTION 1: GENERAL TROOP/GROUP INFORMATION

Type of Group: <input type="checkbox"/> Service Unit _____ <input type="checkbox"/> Troop _____ <input type="checkbox"/> Group _____	Grade Level:
Volunteer Name:	SUM Name:
Mailing Address:	City: _____ State: _____ Zip: _____
Home Phone: () _____	Cell Phone: () _____ Email: _____

SECTION 2: GENERAL TRIP INFORMATION

Type of Trip: <input type="checkbox"/> Simple Overnight <input type="checkbox"/> Extended Overnight <input type="checkbox"/> International	Date(s) of Trip:
Destination:	Phone Number: () _____
Address:	City: _____ County: _____ State: _____
Contact on Trip:	Phone Number: () _____
At Home Contact:	Phone Number: () _____
Describe planned activity:	<input type="checkbox"/> Certificate of Insurance attached

Number of registered Girls: _____ Adults: _____ Number of non-registered* Girls: _____ Boys: _____ Adults: _____

* Contact the council administrative office to arrange insurance coverage for non-registered persons.

A person currently certified in both first-aid and CPR must accompany a troop/group on any type of trip.

Name of First-aid/CPR Trained Adult: _____ Copy of certification(s) attached
 Name of First-aid Training: _____ Date of Training: _____ Exp. Date: _____
 Name of CPR Training: _____ Date of Training: _____ Exp. Date: _____

For any trip involving swimming activities a currently certified lifeguard must accompany the troop/group.

Name of Lifeguard: _____ Copy of certification attached
 Name of Training: _____ Date of Training: _____ Exp. Date: _____

Mode of Transportation: <input type="checkbox"/> Walking <input type="checkbox"/> Parent/Guardian driving their own daughter(s)/ward(s) <input type="checkbox"/> Carpooling: persons driving members of the troop/group must complete a volunteer application/clearance form (complete driver information portion of this application) <input type="checkbox"/> Rental Van: call the council office to make arrangements for contract signature before renting; certificate of insurance is needed <input type="checkbox"/> Charter Bus: call the council office to make arrangements for contract signature before renting; certificate of insurance is needed <input type="checkbox"/> Other: (Plane, Train, Cruise Ship, etc.) _____	Driver Information: (if applicable) 1. Name: _____ <input type="checkbox"/> Current Insurance/Registration/Drivers License Verified <input type="checkbox"/> Volunteer application & authorization forms approved 2. Name: _____ <input type="checkbox"/> Current Insurance/Registration/Drivers License Verified <input type="checkbox"/> Volunteer application & authorization forms approved 3. Name: _____ <input type="checkbox"/> Current Insurance/Registration/Drivers License Verified <input type="checkbox"/> Volunteer application & authorization forms approved <small>* Attach additional sheet listing any other drivers, if necessary</small>
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SECTION 3: PLANNING INFORMATION

Detailed Trip Itinerary (dates, times, locations of daily activities) attached Additional Insurance Coverage Request form attached, if needed

Travel/Outdoor Training Completion (as applicable) Does the overnight trip involve camping? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Travel Training; Date of Completion: _____ <input type="checkbox"/> International Travel Training; Date of Completion: _____ <input type="checkbox"/> Outdoor Skills; Date of Completion: _____ <input type="checkbox"/> Camping 101/Fire building 101; Date of Completion: _____	Projected Budget for Overnight Trips			
	Expenses		Income	
	Cost Per Girl	\$	Girl Contribution	\$
	Cost Per Adult	\$	Troop/Group Contribution	\$
			Other	\$
TOTAL COST		\$	TOTAL ESTIMATED INCOME	\$

Submit application and all attachments to the Service Unit Manager, who will approve/disapprove trips and/or who will submit forms to the appropriate staff member for approval.

verify that I have read the Safety Activity Checkpoints for this trip/activity

Leader/Advisor Signature _____ Date _____

Service Unit/Staff Use Only	
Meeting/Day/Simple Overnight <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
Service Unit Manager Signature _____	Date: _____
Staff Signature: _____	Date: _____
Extended Overnight /International <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
Regional Director Signature: _____	Date: _____