



Girl Scouts in the Heart of Pennsylvania  
**TRAVEL TRIP APPLICATION**  
*For Simple and Extended Overnight Trips and International Trips*

**SECTION 1: GENERAL TROOP/GROUP INFORMATION**

Service Unit:	Troop/Group #:	Grade Level:	
Troop/Group Leader Name:		SUM Name:	
Mailing Address:		City:	State: Zip:
Home Phone: ( )	Mobile 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 (if needed; refer to <i>Safety-Wise</i> )		

Number of registered Girls: \_\_\_\_\_ Adults: \_\_\_\_\_ Number of non-registered\*Girls: \_\_\_\_\_ Boys: \_\_\_\_\_ Adults: \_\_\_\_\_

\*Non-registered girls ages 5-17 will be registered at an additional \$12.00 per girl. 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 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: \_\_\_\_\_

<p><b>Mode of Transportation:</b></p> <p><input type="checkbox"/> <b>Walking</b></p> <p><input type="checkbox"/> <b>Parent/Guardian</b> driving their own daughter(s)/ward(s)</p> <p><input type="checkbox"/> <b>Carpooling:</b> persons driving members of the troop/group must complete a volunteer application/clearance form (<b>complete driver information portion of this application</b>)</p> <p><input type="checkbox"/> <b>Public Transportation:</b> _____</p> <p><input type="checkbox"/> <b>Rental Van:</b> call the council office to make arrangements before renting; contracts are signed by the CEO; certificate of insurance is needed</p> <p><input type="checkbox"/> <b>Charter Bus:</b> call the council office to make arrangements before chartering; contracts are signed by the CEO; certificate of insurance is needed</p> <p><input type="checkbox"/> <b>Other:</b> (Plane, Train, Cruise Ship, etc.) _____</p>	<p><b>Driver Information: (if applicable)</b></p> <p>1. Name: _____  <input type="checkbox"/> Current Insurance/Registration/Drivers License Verified  <input type="checkbox"/> Volunteer application &amp; authorization forms approved</p> <p>2. Name: _____  <input type="checkbox"/> Current Insurance/Registration/Drivers License Verified  <input type="checkbox"/> Volunteer application &amp; authorization forms approved</p> <p>3. Name: _____  <input type="checkbox"/> Current Insurance/Registration/Drivers License Verified  <input type="checkbox"/> Volunteer application &amp; authorization forms approved</p> <p>4. Name: _____  <input type="checkbox"/> Current Insurance/Registration/Drivers License Verified  <input type="checkbox"/> Volunteer application &amp; authorization forms approved</p> <p><small>* Attach additional sheet listing any other drivers, if necessary</small></p>
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**SECTION 3: PLANNING INFORMATION**

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

<p><b>Travel/Outdoor Training Completion (as applicable)</b></p> <p>Does the overnight trip involve camping? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Ready, Set, Go! Travel Training; Date of Completion: _____</p> <p><input type="checkbox"/> International Travel Training; Date of Completion: _____</p> <p><input type="checkbox"/> Basic Outdoor Skills; Date of Completion: _____</p> <p><input type="checkbox"/> Back Country Camping; Date of Completion: _____</p> <p><input type="checkbox"/> Backpacking; Date of Completion: _____</p> <p><input type="checkbox"/> Firebuilding 101; Date of Completion: _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: center;">Projected Budget for Overnight Trips</th> </tr> <tr> <th colspan="2" style="text-align: center;">Expenses</th> <th colspan="2" style="text-align: center;">Income</th> </tr> </thead> <tbody> <tr> <td>Cost Per Girl</td> <td style="text-align: center;">\$</td> <td>Girl Contribution</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>Cost Per Adult</td> <td style="text-align: center;">\$</td> <td>Troop/Group Contribution</td> <td style="text-align: center;">\$</td> </tr> <tr> <td></td> <td></td> <td>Other</td> <td style="text-align: center;">\$</td> </tr> <tr> <td><b>TOTAL COST</b></td> <td style="text-align: center;"><b>\$</b></td> <td><b>TOTAL ESTIMATED INCOME</b></td> <td style="text-align: center;"><b>\$</b></td> </tr> </tbody> </table>	Projected Budget for Overnight Trips				Expenses		Income		Cost Per Girl	\$	Girl Contribution	\$	Cost Per Adult	\$	Troop/Group Contribution	\$			Other	\$	<b>TOTAL COST</b>	<b>\$</b>	<b>TOTAL ESTIMATED INCOME</b>	<b>\$</b>
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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.

Leader/Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

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