

Extended Trip Application – Part 1

(Level 4 or 5 Trip)

Troop Information

| | | | |
|-----------------|---|-------------------|----------------|
| Adult in Charge | | | |
| Address | | Phone | Home |
| City | Zip | | Work |
| Email | | | Cell |
| Troop # | | Service Unit Name | |
| Grade Level | <input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> A | Total # Girls | Total # Adults |

Activity Information

| | | | |
|---|------------|----------|--|
| Start Date | Start Time | End Date | End Time |
| Trip Destination | | | |
| Description of Trip | | | |
| Do you have a signed Activity Permission Slip for each girl participant? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have an updated health form for each girl and adult participant? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the trip meet all council procedures for Girl Scout trips, as well as recommended ratios of girls to adults and Safety Activity Checkpoints? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Trip Experience *(briefly describe previous trip experience of this troop/group)*

| |
|-------------------------------------|
| (Level 2) Day Trips |
| (Level 3) Overnight Activities |
| (Level 4) Extended Overnights |
| Destinations/Resident Camp |
| (Level 5) International Experiences |

Transportation Information *(briefly describe transportation plans)*

| |
|--|
| |
|--|

Budget Information

| | | | |
|--|------------|---------|---------------|
| Transportation \$ | Lodging \$ | Food \$ | Activities \$ |
| Total Estimated Cost Per Person \$ | | | |
| How and when will the money be earned? | | | |

Adult Certifications

| | | |
|--|------|---------|
| Is an adult certified in First Aid/CPR participating in the trip? | Name | Phone # |
| If camping, is a certified Troop Camp adult participating in the trip? | Name | Phone # |
| If participating in any activities like swimming or horseback riding, who will be the activity leader? | Name | Phone # |
| Other Adults <i>(Attach extra names as necessary)</i> | Name | Phone # |
| | Name | Phone # |
| | Name | Phone # |
| | Name | Phone # |

For Service Unit Use Only *(to be filled out by authorized Service Unit Team Representative)*

| | |
|--|----------------|
| Date Received: | Date Approved: |
| Signature of Service Team Representative | |

For Council Use Only *(to be filled out by Program Team Representative)*

| | |
|---|---------------------------|
| Date Received: | Date Approved/Email Sent: |
| Signature of Program Team Travel Representative | |

- **Keep one copy for your records and send two copies to the service unit team. Upon approval, service team will send one copy to the GSOH program team by mail or program@gsoh.org.**
- **For trips of three or more nights, application is due at least one year before trip.**
- **For international trips (includes Canada), application is due at least two years before trip.**

Extended Trip Application – Part 2

(Level 4 or 5 Trip Departure Information)

Troop Information

| | | | | | | | | |
|-----------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------|----------------|
| Adult in Charge | | | | | | | | |
| Address | | | | Phone | Home | | | |
| City | Zip | | Work | | | | | |
| Email | | | | | Cell | | | |
| Troop # | | | Service Unit Name | | | | | |
| Grade Level | <input type="checkbox"/> D | <input type="checkbox"/> B | <input type="checkbox"/> J | <input type="checkbox"/> C | <input type="checkbox"/> S | <input type="checkbox"/> A | Total # Girls | Total # Adults |

Insurance Information

| | | | |
|----------------------------------|--|--|---------------|
| Which insurance will be carried? | <input type="checkbox"/> GS Insurance Plan | <input type="checkbox"/> Other (please name) | Date Ordered: |
|----------------------------------|--|--|---------------|

Transportation Information

| | | | | |
|----------------|---|--------------|----------------------------------|---------------------------------|
| If by Airplane | Airline Name | | Flight # | |
| | Departure Location | | Date | |
| If by Bus | Bus Line | | <input type="checkbox"/> Charter | <input type="checkbox"/> Public |
| If by Ship | Ship Line | | Departure Location | |
| If by Car | Provide the amount of car insurance for each car used | Liability \$ | Comprehensive \$ | Medical \$ |
| | If by chartered vehicle, list name and address of company | | | |
| | Driver's Name | | License # | |
| | Driver's Name | | License # | |

Emergency Contact

| | | |
|--|------|---------|
| Who knows your plans, is not participating in the activity, and has a list of participants with contact information for parents/guardians? | Name | Phone # |
| | Name | Phone # |

Checklist

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|---|
| Attachments: <input type="checkbox"/> Complete itinerary* <input type="checkbox"/> Participant list <i>(includes name, address, and phone number)</i> |
| <input type="checkbox"/> This trip has approval and support of parents. |
| <input type="checkbox"/> Travel arrangements have been made. |
| <input type="checkbox"/> Financial arrangements have been made, with time allowed for participants needing extra activities to earn money. |
| <input type="checkbox"/> Members understand taking responsibility for personal conduct and equipment. |
| <input type="checkbox"/> Good health and safety practices have been implemented, meeting Safety Activity Checkpoints. |
| <input type="checkbox"/> Plans have been made for follow up after the trip. |
| Signature of Adult in Charge |

For Council Use Only *(to be filled out by Program Team Representative)*

| | |
|---|---------------------------|
| Date Received: | Date Approved/Email Sent: |
| Signature of Program Team Travel Representative | |

- *** Itinerary must include names and addresses of places you will be staying as well as the date and time you will be at each location and major activities each day.**
- **Keep one copy for your records and send one copy to the GSOH program team by mail or to program@gsoh.org.**
- **Application is due at least six weeks prior to trip.**

Extended Trip Application – Part 3

(Level 4 or 5 Trip Report)

Troop Information

| | | | | | | | | |
|-----------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------|----------------|
| Adult in Charge | | | | | | | | |
| Address | | | Phone | Home | | | | |
| City | Zip | | | Work | | | | |
| Email | | | | Cell | | | | |
| Troop # | | | Service Unit Name | | | | | |
| Grade Level | <input type="checkbox"/> D | <input type="checkbox"/> B | <input type="checkbox"/> J | <input type="checkbox"/> C | <input type="checkbox"/> S | <input type="checkbox"/> A | Total # Girls | Total # Adults |

Activity Information

| | | | |
|---|------------|----------|----------|
| Start Date | Start Time | End Date | End Time |
| Trip Destination | | | |
| Was the original itinerary followed? If not, state changes made and reasons. | | | |
| What were the highlights of the trip? | | | |
| Was there any accident or illness requiring more than simple first aid? If so, please describe and note when GSOH was notified. | | | |
| What suggestions would you give another troop/group preparing for a similar trip? | | | |

Planning Information

| |
|---|
| How were financial goals met? |
| How were health and safety plans carried out? |
| How were meal plans carried out? |
| How were transportation plans carried out? |
| How were housing plans carried out? |

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| Trip Budget - Income | | BUDGETED | ACTUAL |
|---|--|----------|--------|
| Troop Treasury (<i>money on hand</i>) | | \$ | \$ |
| Troop Money Earning Projects (<i>list</i>) | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| Parent/Guardian Contributions | | \$ | \$ |
| Other (<i>grants, donations, etc.</i>) | | \$ | \$ |
| TOTAL INCOME | | \$ | \$ |

| Trip Budget - Expenses | | BUDGETED | ACTUAL |
|--|---|----------|--------|
| Transportation | Plane Airfare | \$ | \$ |
| | Charter Bus (<i>include tips</i>) | \$ | \$ |
| | Train/Subway | \$ | \$ |
| | Car (<i>include rental fee, mileage, and gas</i>) | \$ | \$ |
| Lodging (<i>include overnight stops while traveling</i>) | | \$ | \$ |
| Food (<i>include all meals and snacks</i>) | | \$ | \$ |
| Health/First Aid | | \$ | \$ |
| Entertainment | | \$ | \$ |
| Spending Money | | \$ | \$ |
| Equipment/Supplies | | \$ | \$ |
| Insurance | | \$ | \$ |
| Emergency Fund | | \$ | \$ |
| Other (<i>list</i>) | | \$ | \$ |
| Other (<i>list</i>) | | \$ | \$ |
| Other (<i>list</i>) | | \$ | \$ |
| TOTAL EXPENSES | | \$ | \$ |

- **Keep one copy for your records and send one copy to the GSOH program team by mail or to program@gsoh.org.**
- **Report is due within three weeks after the trip.**