

GIRL SCOUT COUNCIL OF CANNON VALLEY
TRIP & TRAVEL APPLICATION

THIS FORM MUST BE SUBMITTED AT LEAST 4 WEEKS IN ADVANCE OF THE TRIP; FOR OUT-OF-STATE TRIPS, ALLOW 8 WEEKS. SUBMIT TO YOUR SERVICE UNIT MANAGER OR THE COUNCIL OFFICE, DEPENDING ON THE TYPE OF TRIP. YOU WILL BE NOTIFIED OF THE STATUS OF YOUR REQUEST. PLEASE KEEP A COPY FOR YOUR RECORDS.

Leader's Name: _____ Date of Application: _____

Complete Address: _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ Email: _____

Co-Leader's Name: _____ Phone: _____

Program Age Level: _____ Troop #: _____ Service Unit: _____

Number Planning to Participate: Girls _____ Adults _____
Are all participants registered? Yes _____ No _____
Has a signed Parent/Guardian Permission Form been obtained for all girl participants?
Yes _____ No _____
Has a Health History Record been obtained for ALL participants? Yes _____ No _____

Kind of trip you will be taking. Check all that apply:

<i>Service Unit-Level Approval* Required</i>	<i>Council-Level Approval Required</i>
_____ Extended day trip (10+ hours)	_____ International Trip
_____ Overnight trip (non-camping)	_____ "Across-the-border" trip
_____ Trip outside the Council boundaries	_____ Regional group trip
_____ Camping and/or outdoor activities at a non-Council site	
<input type="checkbox"/> Cabin	<input type="checkbox"/> Tent
<input type="checkbox"/> Other: (please explain) _____	

Trip Destination: _____

Trip Dates: _____ Departure Time: _____ Return Time: _____

Transportation:

_____ Private Vehicle(s)
_____ Leased/Rented car/van (Company: _____)
_____ Bus (Company: _____)
_____ Train (Company: _____)
_____ Watercraft (Company: _____)
_____ Plane (Airline & Flight #: _____)

The adults listed below will be driving private/leased/rented vehicles (if applicable). The council procedures require a minimum of two drivers in case there is an emergency. This allows one adult to stay with the girls while the second adult seeks help, whatever that may be.

Name: _____ Dr. Lic. #: _____
Insurance Co.: _____ Policy No.: _____

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The adults listed below are going on the trip and have completed the necessary training for this trip. Check all that apply:

- Attended Basic Leadership Training: Name(s) _____
NVO date: _____ Age-Level Training date: _____
- Attended outdoor training: Name(s) _____
Outdoor Skills I date: _____ Outdoor Skills II date: _____
- Currently certified in first aid: Name(s) _____
Expiration Date: _____

Emergency Contact at Home:

Name: _____ Cell Phone: _____
Day Phone: _____ Evening Phone: _____

Emergency Contact at Destination:

Name: _____ Cell Phone: _____
Day Phone: _____ Evening Phone: _____

Does the trip meet all Council Troop/Group Trip Procedures as well as appropriate Planning Trips with Girl Scouts guidelines/checklists, Girl Scout Program Standards, and Activity Checkpoints in *Safety-Wise*? Yes _____ No _____

Attach a separate sheet with the itinerary for your trip. Include:

- Names of all girls and adults going on the trip; include ages and Program Age Levels of girls and roles of adults.
- Places you will be staying (with addresses and phone numbers)
- Dates & times you will be at each location
- Major activities each day
- Budget

Depending on type of activity involved, also include:

- Participants' skill level
- Special consultants or resource people involved
- The planned safety precautions
- Other groups/organizations involved
- Specialized equipment that will be used

Please also attach copies of any required special agreements or contracts and additional insurance purchases.

STATUS OF REQUEST FOR APPROVAL

_____ Approved _____ Not approved Date: _____
Leader Notified of Status of Request: Date: _____

Recommendations to Leader:

Service Unit Manager* or M&M Executive Signature: _____

*For service unit-approved trips of three or more nights, please send a copy of the approved application and supporting information to the Service Center.