

GSNENY Troop or Group Intent to Travel Form

Please review the GSNENY Troop or Group Travel Guidelines before completing this form, and for information about what forms you should collect, review the Travel Form Requirements document.

Troop Information

Today's Date: _____ Troop #: _____ Service Unit #: _____

Age Level(s): Daisy Brownie Junior Cadette Senior Ambassador

Leader's Name: _____ Phone: _____

Email Address: _____

Mailing Address: _____
Street City State Zip

Trip Information (Attach additional pages as needed)

Start Date / Time of Trip: _____ End Date / Time of Trip: _____

Destination(s): _____

Brief Trip Description (service learning, adventure, etc): _____

Are there high risk activities on this trip? Yes No If yes, type of activities: _____

How were the girls involved in the planning for this trip? _____

How have the girls prepared for this trip? _____

Who will attend this trip? _____ Adults and _____ Girls ***All participants must be registered Girl Scouts***

Adult Participants and Certifications (The adults listed below are participating on this trip and have completed the necessary training for this trip. See Volunteer Essentials, Travel Appendix, and Troop or Group Travel Guidelines for travel certification requirements. Submit copies of certifications with application.)						
Name	Age	Role (i.e. Trip Leader, First Aider/CPR)	Certifications / Trainings (i.e. First Aid/CPR, RTE, Travel 101: submit copies)	Date Completed	Expiration	Approved (by Council)

Transportation:

_____ Private		Certificate of Insurance?
_____ Leased/Rented	Company: _____	_____
_____ Bus	Company: _____	_____
_____ Train	Company: _____	_____
_____ Plane	Airline: _____	_____
_____ Watercraft	Company: _____	_____

Adults listed below are driving private/leased/rented vehicles (if applicable, list additional driver(s) information on a separate sheet):			
Name	Driver's License # / State	Insurance Company	Policy #

Trip Emergency Contacts Not On Trip (if applicable, list additional emergency contact information on a separate sheet):			
Name (list in priority order)	Phone Number	Secondary Phone Number	Email Address

Traveling Contacts (List phone numbers for places of accommodations, where you will be traveling, indicate hours of operation; i.e. 8 to 5 or after-hours. If traveling internationally include embassy information. Use additional sheet if necessary.):			
Name (list in priority order)	Address	Phone Number	Hours of Operation

Write additional information for the following below as applicable to trip, or attach additional pages:

- List of Participants: Name of girl and additional adult participants on this trip, include age, if the girl has submitted a health form, and indicate that you have access to primary and secondary emergency phone number and family member contact name (attach additional pages as needed):

Name	Age	Health Form?	Contact Info?	Name	Age	Health Form?	Contact Info?

2. How the trip relates to the Girl Scout Leadership Experience (refer to the 15 leadership outcomes): _____

3. Route of ground travel by car, if applicable: _____

4. Anticipated other transportation plans (plane / train / ferry schedule, etc.), if applicable: _____

5. Additional places you will be staying; include emergency contact information, address and phone number(s):

6. Day-to-day itinerary including times and locations (you may attach your itinerary instead of using this chart):

Date	Location(s)	Times	Date	Location(s)	Times

7. Itemized budget; including income and expenses per girl and adult (**FOR 3+ DAY TRIPS**: include total budget, funds earned from council-sponsored product sales and money-earning activities and income):

Budget Item	\$ Per Person	\$ Per Group
Transportation (gas, tolls, rentals)	\$	\$
Food (meals, snacks, tips)	\$	\$
Activities (entry fees, programming)	\$	\$
Lodging (housing, rentals, tips)	\$	\$
Misc:	\$	\$
TOTAL	\$	\$

8. If applicable, include special consultants, resources, equipment, other groups or organizations involved and planned safety precautions (applicable for trips with high risk activities): _____

Advisor/Leader Statement of Compliance

- GSUSA Safety Activity Checkpoints, GSUSA and GSNENY health, safety, insurance, and emergency procedures have been reviewed and are adhered to as defined in Volunteer Essentials, the GSUSA Travel Appendix, and the GSNENY Troop or Group Travel Guidelines.
- All drivers for these activities are properly licensed and all vehicles are registered, insured, maintained and have a seat and seatbelt for every passenger.
- Parents/guardians are informed of the trip activities, safety and emergency procedures, and contact information.
- Appropriate permissions and documents have been obtained for each girl including Health Form.
- Our group/troop will conduct ourselves at all times in a positive manner while representing Girl Scouts.
- I understand providing incorrect information could result in the trip not being covered by Girl Scout Activity Insurance and could increase personal liability.

Advisor/Leader Signature: _____ Date: _____

Girl Representative Signature: _____ Date: _____

FOR SU MANAGER or GSNENY USE ONLY	Date Received: _____ By: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
	Certificates of Insurance Yes No N/A First Aider Yes No N/A Other _____
	Date of Notification: _____ Approval Signature: _____
	Next Steps/Recommendations/Comments: _____ _____