# Extended Troop Trip Packet

### Request to Travel

A <u>Request to Travel</u> form should be submitted to GSEMA before this final application *at least* **18-24 months prior** to the trip.

#### Final Application for Extended Trip

Final Application form below should be completed and submitted to GSEMA **6 months prior** to the trip. This can be scanned and emailed to <a href="mailto:customercare@gsema.org">customercare@gsema.org</a>. Originals should be kept on file with the remainder of your trip paperwork for the entire troop year plus three months.

Program Level:

Total # of Girl Scouts in Troop:

| # of Civila Dantining this wife Their                                                                                                                                 | # of Adulta Dantiain ation in This                                  |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|--|--|--|--|--|
| # of Girls Participating in Trip:                                                                                                                                     | # of Adults Participating in Trip:                                  |  |  |  |  |  |  |
| Trip Destination(s):                                                                                                                                                  | Method of Transportation:                                           |  |  |  |  |  |  |
| Departure Date:                                                                                                                                                       | Return Date:                                                        |  |  |  |  |  |  |
| Departure Date.                                                                                                                                                       | Return Bate.                                                        |  |  |  |  |  |  |
| Placea list the volunteers who will be taking a                                                                                                                       | the following responsibilities. Resure to attach                    |  |  |  |  |  |  |
| Please list the volunteers who will be taking on the following responsibilities. Be sure to attach copies of their certifications when submitting this form to GSEMA. |                                                                     |  |  |  |  |  |  |
| Lead Trip Volunteer:                                                                                                                                                  | 101 00 00                                                           |  |  |  |  |  |  |
| Outdoor Skills Certified Volunteer:                                                                                                                                   |                                                                     |  |  |  |  |  |  |
| (cooking/camping or lodge/tent)                                                                                                                                       |                                                                     |  |  |  |  |  |  |
| First Aid/CPR Certified Volunteer:                                                                                                                                    | Cert. Expires:                                                      |  |  |  |  |  |  |
| Lifeguard Certified Volunteer:                                                                                                                                        | Cert. Expires:                                                      |  |  |  |  |  |  |
| (if applicable)                                                                                                                                                       |                                                                     |  |  |  |  |  |  |
| Other Certified Volunteer:                                                                                                                                            | Cert. Expires:                                                      |  |  |  |  |  |  |
| If applicable, please specify:                                                                                                                                        |                                                                     |  |  |  |  |  |  |
| When submitting this form, please verify the All participants are <u>GSEMA registered mer</u> All adults are approved volunteers with an                              | 3                                                                   |  |  |  |  |  |  |
| <del>-</del> -                                                                                                                                                        | <u>rst aider</u> & a second, separate volunteer <u>troop camper</u> |  |  |  |  |  |  |
| Verify <u>Certificates of Liability Insurance</u> do                                                                                                                  |                                                                     |  |  |  |  |  |  |
| Collected forms from all participants to tra                                                                                                                          |                                                                     |  |  |  |  |  |  |
| ☐ <u>Authorization for Medical Treatment</u>                                                                                                                          | Permission for Extended Trip                                        |  |  |  |  |  |  |
| Health History & Medical Examination                                                                                                                                  | <ul><li>Permission to Travel Forms</li></ul>                        |  |  |  |  |  |  |
| <ul> <li>Child Participant Waiver</li> </ul>                                                                                                                          | <ul> <li>Adult Participant Waiver</li> </ul>                        |  |  |  |  |  |  |
| Purchased <u>Extended Trip Insurance</u> , includ                                                                                                                     | g roster, emergency contacts, and <b>printed a copy</b> of          |  |  |  |  |  |  |
| this to travel with you.                                                                                                                                              |                                                                     |  |  |  |  |  |  |
| Completed Girl-Led Final Itinerary & Trave                                                                                                                            | udget below                                                         |  |  |  |  |  |  |
|                                                                                                                                                                       |                                                                     |  |  |  |  |  |  |
| Lead Trip Volunteer                                                                                                                                                   | Date:                                                               |  |  |  |  |  |  |



Signature:

Troop #:

#### Final Travel Budget

Use this page to help determine the final budget for your trip. Please include copies of any supporting documentation (i.e. bank statements, email confirmations, ticket purchases, rental agreements)

| Troop Treasury                          |  |
|-----------------------------------------|--|
| Girl Scout Fall Product Program Profits |  |
| Girl Scout Cookie Program Profits       |  |
| Additional Money Earning Activities     |  |
| Dues                                    |  |
| Family / Individual Contribution        |  |
| Other (explain)                         |  |
| Total                                   |  |
|                                         |  |
| Trip Expenses                           |  |
| Food                                    |  |
| Lodging                                 |  |
| Transportation                          |  |
| Transportation                          |  |
| Activity 1                              |  |
| Activity 2                              |  |
| Activity 3                              |  |
| Activity 4                              |  |
| Total                                   |  |

## Extended Trip Itinerary

Use the chart below to plan your troop/group's itinerary. Submit this with your Final Application for Extended Trip

| Date | Location / Activity | Start Time | Finish Time | Time Allotted | Activity Description |
|------|---------------------|------------|-------------|---------------|----------------------|
|      |                     |            |             |               |                      |
|      |                     |            |             |               |                      |
|      |                     |            |             |               |                      |
|      |                     |            |             |               |                      |
|      |                     |            |             |               |                      |
|      |                     |            |             |               |                      |
|      |                     |            |             |               |                      |
|      |                     |            |             |               |                      |
|      |                     |            |             |               |                      |
|      |                     |            |             |               |                      |

Scan these forms, along with all supporting documentation, and email them to <a href="mailto:customercare@gsema.org">customercare@gsema.org</a>.

Keep originals and all travel paperwork for the entire troop year plus 3 months, unless otherwise instructed by council, then shred, delete, or otherwise destroy all.