

Troop Trip Request Form

Girl Scouts of Greater Iowa



Please return to:
 Girl Scouts of Greater Iowa
 ATTN: Jacci Rivard
 10715 Hickman Rd.
 Des Moines, IA 50322
 (800) 342-8389 (515) 278-2881 Fax (515) 278-5988
 www.girlscoutsiowa.org

Council Use Only:
 Approved: _____ Not Approved: _____
 Comments: _____

Submit this form four weeks in advance to the above address to obtain approval for a trip for the following:

- Trips of 2 or more nights
- Troop activities outside the Council's jurisdiction
- Travel outside of the United States (additional forms will be required)

Service Unit: _____ Troop #: _____

Age Level (check one): Daisy Brownie Junior Cadette Senior Ambassador

Leader's Name: _____

Address: _____
 STREET CITY STATE ZIP

Leader's Email: _____

Telephone: _____
 DAY EVENING CELL

BASIC INFORMATION

Registered Adult in charge: _____
 Position: _____ Cell Phone: _____

Address: _____
 STREET CITY STATE ZIP

Trip Destination: _____

Purpose of trip and activities: _____

Trip Dates: _____ to _____

Approximate number of miles one way: _____ Travel time: _____

Overnight accommodations (tents, cabin, hotel):
 Experience – List trips girls have taken:

Number attending: D: B: J: C: S: A: Registered Adults: F: M:

LENGTH OF ACTIVITY

Outside Council Area 2 or more nights* *Girl Scout Accident Insurance does not cover stays of more than two (2) nights, so additional insurance should be purchased.

Is an Insurance Form needed? Yes No

Trip Application (continued)

TRANSPORTATION: All travelers must be registered Girl Scouts. Drivers must be registered Girl Scout Adults, age 21 or above, personally insured, licensed, familiar with vehicle and have safe driving records. If using personal vehicles each driver will need to submit a copy of their driver's license and proof of insurance card. If you plan to use a rented or chartered vehicle the contract must be signed by a council representative. If using train or air transportation, please submit your travel itinerary with this form.

Driver Information for all adult drivers if using private transportation.			
Name	Drivers Lic. #	Name of Ins. Co	Policy #

Name of person who has taken Council Trip and Travel Training: _____ Date of Training from Council _____

Check *Safety-Wise* before planning any trips with girls. Review the trip Planning Checklist in *Safety-Wise*. Verify that the home contact person for emergencies has the itinerary and the council emergency procedure card. Verify that the parents/guardians have a copy of the itinerary and the name and telephone number of the home contact person for emergencies.

ADDITIONAL INFORMATION

Will troop be swimming? Yes No

If yes, name of Lifeguard: _____ Certification expires: _____
 Certified First-Aider: _____ Certification expires: _____
 CPR Certified Adult: _____ Certification expires: _____

HOME CONTACT PERSON FOR EMERGENCIES

Name: _____
Address: _____
STREET CITY STATE ZIP
Telephone: _____
DAY EVENING CELL

BEFORE DEPARTURE, SEND TO THE PROGRAM DIRECTOR:

1. A detailed itinerary including contact information throughout the trip.
2. Complete roster of all girls and adults in traveling group along with home contact information (pg. 3).
3. Any contracts or agreements, i.e. rented, borrowed or chartered vehicle, attach for Program Director to sign.
4. Contact the Program Director with any changes.
5. Please submit an approximant budget for trip, including cost per girl, how much troop funds used, etc.
6. Review Troop Trip Tips by logging onto www.girlscoutsiowa.org for additional information.

I have read and agree to adhere to the related GSUSA standards, guidelines, and safety checkpoints in *Safety-Wise* and will follow Girl Scouts of Greater Iowa Council policies, standards, and procedures. I understand that parents/guardians **must** give written permission for their child to participate.

Leader: _____ Date: _____
(Signature)

Trip Application (continued)

ROSTER OF GIRLS AND ADULTS ATTENDING

<u>Name</u>	<u>Home Contact Information</u>
<input type="checkbox"/> Girl <input type="checkbox"/> Adult	
<input type="checkbox"/> Girl <input type="checkbox"/> Adult	
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Trip Application (continued)
Troop Trip Budget

Girl Scouts of Greater Iowa



PROJECTED INCOME

Amount to come from existing troop treasury: (Including dues and profit from Cookie Sale, Nut Sale, and one other money-earning project.)	\$
Amount to be paid by girls: (Please encourage girls to do some type of service to earn money for their activities; i.e. babysitting, helping their parents around the house, etc.)	\$
Amount to be paid by parents:	\$
Amount to be raised by one other money-earning project: Include a description of each project requested (i.e. type, date, money to be raised, number of girls participating. Be sure to submit a request form for additional fundraising.)	\$
INCOME TOTAL:	\$

PROJECTED EXPENSES (Please remember to budget in gas expense)

Transportation:	\$
Shelter:	\$
Food:	\$
Insurance: (Additional Insurance must be purchased if the trip is longer than two nights.)	\$
Recreation:	\$
Admission Fees, etc.:	\$
Emergency Fund: (Suggest at least \$100 to cover items such as unexpected expenses, accidents, under budgeting, gas allowance and change in prices.)	\$
EXPENSES TOTAL:	\$

BALANCE (INCOME – EXPENSES):	\$
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Date Request Submitted: _____

Service Unit: _____ Troop #: _____

Troop Leader's Signature: _____

Return with Troop Trip Request Form