



Date: _____
Service Unit: _____
Troop/Group: _____
Program Level: D B J C S A

Girl Scouts of Central Texas

Troop/Group Travel, Overnight, and Extended Application

Submit the application, a complete Participant Travel Roster, and required certifications to your Service Unit Director three weeks before travel. SUD must turn in travel application packet to Membership Development Executive (MDE) two weeks before travel. *Note: applications for national and international are due to SUD ten weeks in advance, SUD will forward to MDE no later than eight weeks in advance of travel.*

This form does not take the place of the Intent to Travel for national and international trips.

ACTIVITY (Choose all that apply)		
<input type="checkbox"/> Travel will meet Girl Scout educational expectations as defined by GSLE 15 outcomes (see <i>Volunteer Essentials</i> , Ch. 2 for a complete list) <input type="checkbox"/> Day Trip: Travel destination is more than 100 miles one way from troop meeting place. <input type="checkbox"/> Overnight stays: Girls staying past midnight, on a tour for more than 24 hours, overnight, and/or camping. <input type="checkbox"/> Building a fire <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> High Risk Activities: requires certification <input type="checkbox"/> Water sport <input type="checkbox"/> Horses <input type="checkbox"/> Rock Climbing <input type="checkbox"/> Other _____		
CERTIFICATIONS (Attach copies of cards)		
<input type="checkbox"/> First Aid/CPR <input type="checkbox"/> <i>Advanced First Aid Responder (if applicable to trip)</i> <input type="checkbox"/> Let's GO! 1: Out & About: Day trips staying out past midnight; or an overnight up to two nights with no outdoor cooking involved. <input type="checkbox"/> Let's GO! 2: Fire, Food, & Fun: Indoor camping and building a campfire. <input type="checkbox"/> Let's GO! 3: Outdoor Skills: Outdoor camping – tent, cabin, or platform, and outdoor cooking. One to two nights. <input type="checkbox"/> Let's GO! 1, 2, & 3: (This course covers everything in Out & About, Fire, Food & Fun, and Outdoor Skills) <input type="checkbox"/> Let's GO! Extra Mile: Travel more than 2 nights/3days – within state, regional, national, or international. <input type="checkbox"/> Chaperone: All adults traveling with troop/group have completed this course.		
TRAVEL REQUIREMENTS		
<input type="checkbox"/> I have read and agree to abide by all Safety Activity Checkpoint requirements, and Council policies as listed in <i>Volunteer Essentials</i> . <input type="checkbox"/> I have received parent permission forms all girls on this trip, as applicable. <input type="checkbox"/> I have verified that all adult participants have a current Criminal Background Check on file with GSCTX. <input type="checkbox"/> I have verified that all drivers are licensed, and vehicles are registered and insured according to state requirements. <input type="checkbox"/> For trips more than 3 or more nights/out of state, national, international – Extended Trip Insurance will be purchased once the TTA is approved. <input type="checkbox"/> For non-members attending, troop/group will purchase non-member insurance if needed.		
EVENT/ACTIVITY AND DESTINATION INFORMATION		
If more than one destination of more than two nights, create and attach a travel itinerary that includes travel information, arrival/departure dates, names of all facilities, addresses, and phone numbers. Start Date & Time: _____ End Date & Time: _____ Total # nights: _____ Primary Activity: _____ Secondary Activities: _____ Name of Facility/Place: _____ Phone: _____ Facility Address: _____ Travel by: <input type="checkbox"/> Parent Drop off/Pick up at Location: _____ <input type="checkbox"/> Departure location: _____ <input type="checkbox"/> Private Vehicles – how many? _____ <input type="checkbox"/> Rental vehicle _____		
PARTICIPANT NUMBERS AND ROSTER		
Number of registered Girl Scouts attending: Girls _____ Adult Females _____ Adult Males _____ Number of non-members attending: Girls _____ Adult Females _____ Adult Males _____ <input type="checkbox"/> Attached is the participation/travel roster listing all girls and adults attending the trip; include emergency contact information.		
TROOP/GROUP ADULT CONTACT INFORMATION		
<u>Adults in charge:</u> Leader/Adult: _____ Best Phone #: _____ Email: _____ Other Adult: _____ Cell phone on trip: _____ <u>Troop/Group Emergency Contact:</u> (This individual is not attending and will have a copy of the troop itinerary.) Name: _____ Best Phone #: _____ Email: _____		
SIGNATURES		
Adult in Charge Name (Print) _____	Signature _____	Date _____
SUD Name (Print) _____	Signature _____	Date _____
Council Representative Name (Print) _____	Signature _____	Date _____

Electronic Signature or Handwritten Signature Allowed
Membership Dept.

TROOP TRAVEL PARTICIPATION ROSTER

SU:	TROOP #	Event date(s):								
GIRLS								FOR TRP LEADER TO COMPLETE		
Full Legal Name (Last, First)	Emergency Contact Name	Best Emergency number to be reached	Notes, allergies, special needs, etc.				Registered yes/no			
ADULTS								TROOP LEADERS TO COMPLETE SUD'S WILL VERIFY INFORMATION		
Full Legal Name (last, First)	Emergency Contact Name	Best Emergency number to be reached	Driver yrs/no	Registered yrs/no	Chaperone Class yes/no	CBC Expiration date	First Aid Expiration date	CPR Expiration date	Advanced First Aid Expiration date, if required	Highest Outdoor Skills Certification

Signature not required
Membership Dept.