

## Girl Scouts of Western Washington Intent for Extended Travel Application

Complete for travel lasting **3 or more nights**, unless travel occurs over a U.S. Federal Holiday weekend. Submit to your GSWW staff representative **2 months** prior to in-council travel, **6 months** prior to national travel, and **18 months** prior to international travel. You will be notified of the status of your request within 10 business days of submission. This form **must be approved** before girls proceed with further planning.

<b>Date:</b>	<b>Group/Troop No.:</b>	<b>Service Unit:</b>
<b>Trip Advisor Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Day Phone:</b>	<b>Alternate Phone:</b>	<b>Email:</b>
<b>Grade Level:</b> Daisy <input type="checkbox"/> Brownie <input type="checkbox"/> Junior <input type="checkbox"/> Cadette <input type="checkbox"/> Senior <input type="checkbox"/> Ambassador <input type="checkbox"/>		
<b>Number of Registered:</b> Girls _____ Adults _____		
<b>Has your group previously planned and participated in a travel experience?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>If yes, provide destination, type of trip, and type of activities:</b>		

**Proposed Departure Date:** \_\_\_\_\_ **Proposed Return Date:** \_\_\_\_\_  
**Places Traveling:** \_\_\_\_\_  
**What is the purpose of this trip (culture, service, eco-tourism, etc.)?** \_\_\_\_\_  
**Estimated cost per girl:** \$ \_\_\_\_\_ **Estimated cost per adult:** \$ \_\_\_\_\_ **Total Budget:** \$ \_\_\_\_\_  
**Does your group plan on participating in council-sponsored product sale program(s)?** Yes  No   
**Does your group plan on conducting any money-earning activities?** Yes  No   
**Type of transportation planned (i.e. private vehicle, plane, etc.):** \_\_\_\_\_  
**Are there high-risk activities on this trip?** Yes  No  **If yes, what activities?** \_\_\_\_\_  
**How many girls have completed the Girl Travel Workshop?** \_\_\_\_\_

**Have all Safety-Wise ratio adults completed the Adult Travel Workshop?** Yes  No

**Trip Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<i>For Council use only</i>		
Date Received:	Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	If not approved, reason for not approving:
Date of Notification:	Next steps/Recommendations:	
<b>GSWW Staff Representative Signature:</b> _____		
<b>GSWW Staff Representative Printed Name:</b> _____		