

Girl Scouts of Western Washington
Travel Application for Extended Trips

This form must be completed after the **Intent for Extended Travel Application** is approved and prior to trip departure date. Submit to your GSWW staff representative **1 month** prior to in-council travel, **4 months** prior to out-of-council travel or **6 months** prior to international travel. If your trip information (itinerary, roster, etc.) changes between the date submitted and the date of trip, you must submit an updated form.

Date:	Group/Troop No.:	Service Unit:
Trip Advisor Name:		
Address:		
City:	State:	Zip:
Day Phone:	Alternate Phone:	Email:
Grade Level: Daisy <input type="checkbox"/> Brownie <input type="checkbox"/> Junior <input type="checkbox"/> Cadette <input type="checkbox"/> Senior <input type="checkbox"/> Ambassador <input type="checkbox"/>		
Number of Registered: Girls _____ Adults _____		
Do you meet <i>Safety-Wise</i> recommended girl/adult ratios? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Departure Date: _____ **Return Date:** _____
Trip Destinations: _____

Are there high-risk activities on this trip? Yes No
 If yes, what activities?

The adults listed below have completed the trainings/workshops required for this trip and are able to perform in their capacities.			
Name	Certifications/Girl Scout Workshops (First Aid/CPR, Travel Workshop, Outdoor 1&2, etc)	Date Completed	Expiration (if applicable)

All drivers are properly licensed and all vehicles are registered, insured, maintained and have a seat and seatbelt for every passenger. List additional driver(s) information on a separate paper.			
Name	Driver's License #	Insurance Company	Policy #

Emergency Contacts at Home (list in priority order)		
Name	Day Phone	Evening Phone

Trip Itinerary [include lodging, transportation, and activities]				
Date	Activity	Location/Vendor Name and Address	Contact Information (include phone)	Proof of Insurance (Y/N)?

Participant Roster			
Girl/Advisor Name	Age	Guardian/Emergency Contact	Guardian/Emergency Contact Phone

Additional Information (attach a separate sheet with the following):

- Budget; including income and expenses per girl and adult, total budget, funds earned from council-sponsored product sale programs and money-earning activities.

Advisor/Leader Statement of Compliance:

- GSUSA and GSWW health, safety and emergency procedures have been reviewed and are being adhered to.
- Parents/guardians are informed of the trip activities, safety and emergency procedures, and contact information.
- Appropriate permissions (including health forms) have been obtained for each girl.
- Our group will conduct ourselves in a positive manner as representatives of Girl Scouts.
- All adult participants are able to perform in their capacities according to GSUSA health and safety 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.

Trip Advisor Signature: _____ **Date:** _____

For Council Use

Date Received: _____ Approved: Yes No If not approved, reason for not approving: _____
 Date of Notification: _____ Next steps/Recommendations: _____

GSWW Staff Representative Signature: _____

GSWW Staff Representative Printed Name: _____