

## Application for Extended Travel (step 2 of 2)

Complete for travel lasting 3 or more nights, unless travel occurs over a U.S. Federal Holiday weekend.

Complete & submit this form to your Girl Scouts of Western Washington staff representative after your **Intent for Extended Travel Application** has been approved and prior to the deadlines outlined below. You will be notified of the status of your application within 10 business days of submission.

If any trip information (itinerary, roster, etc.) changes between the date submitted and the date of the trip, you **must submit** the updated section.

**June - September travel:** Application due April 1  
**October - December travel:** Application due September 1  
**January - May travel:** Application due October 1.

<b>Today's Date:</b>	<b>Group Name/Troop No.:</b>	<b>Service Unit:</b>
<b>Trip Advisor Name:</b>		
<b>Best phone number to reach you:</b>	<b>Email:</b>	
# of Participants: ____ Daisy ____ Brownie ____ Junior ____ Cadette ____ Senior ____ Ambassador ____ Adults		
<p><b>How many girls have completed a <a href="#">Travel Workshop</a>*? ____</b>          *The Domestic and International Travel Workshops are designed to give Girl Scouts the tools they need to be active participants in the trip planning process. This is <u>highly</u> recommended 12-24 months prior to your trip.  <b>Have all the adults completed the <a href="#">Travel Planning for Adults Workshop</a>*? Yes <input type="checkbox"/> No <input type="checkbox"/></b>          *The Adult Travel Workshop teaches adults the basics of trip planning and how to make it a Girl Scout led process. <b>The workshop is mandatory</b> and recommended at least 18-24 months prior to your trip.</p>		
<b>Type of Trip:</b> <input type="checkbox"/> In Council <input type="checkbox"/> Out of State <input type="checkbox"/> International		
<b>Dates Traveling:</b>	<b>Places Traveling:</b>	
<p><b>Are there high-risk activities on this trip? Yes <input type="checkbox"/> No <input type="checkbox"/></b>  <b>If yes, what activities?</b> (attach additional pages as needed)          *Girl Scouts of Western Washington must have a current Certificate of Insurance for any vendors offering high-risk program activities, such as horseback riding, rafting, climbing, etc. To learn more, visit <a href="#">Insurance 101</a>.</p>		
<p><b>Please discuss Girl Scout Leadership Experience Outcomes as a group and indicate which outcomes will be achieved through this travel experience and explain. For more information please visit <a href="#">Our Program</a>.</b></p>		
<input type="checkbox"/> <b>Strong Sense of Self</b>	<input type="checkbox"/> <b>Positive Values</b>	<input type="checkbox"/> <b>Challenge Seeking</b>
<input type="checkbox"/> <b>Healthy Relationships</b>	<input type="checkbox"/> <b>Community Problem Solving</b>	

**Initial next to each statement to indicate understanding:**

- \_\_\_\_ [Additional insurance](#) is due six (6) weeks prior to in state and national travel and 6 weeks prior international to travel. My insurance is due by \_\_\_\_\_ (dd/mm/yy)
- \_\_\_\_ All applicable travel forms and paperwork listed on the [Travel Page](#) of the Girl Scouts of Western Washington website will be completed in a timely manner.
- \_\_\_\_ All participants will be actively registered members at the time of travel.
- \_\_\_\_ For international trips all participants must be 12 at time of trip.

## Troop Emergency Contacts

Adults not traveling to contact in case of emergency to relay information to families.

Name	Preferred Phone Number (cell, home)	Alternative Phone Number (Cell, home, work, etc.)

## Participant Roster

If you need more space, or have your own participant list, you may attach a typed roster to end of this form. This roster will be used to identify participants in case of an emergency.

Please note that Girl Scouts must be at least 12 years of age at time of trip for international travel.

Number of People	Participant Name	Date of Birth	Adult or Youth	Emergency Contact Name (Adult not on trip)	Emergency Contact Phone
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

## Adult Training

The adults listed below have completed the trainings, workshops, and/or certifications required for this trip and are able to perform in their designated capacities.

Name	Certification / Workshop (First Aid/CPR, Travel Workshop, Lifeguard Certification, etc.)	Date Completed	Expiration (if applicable)

## Types of Transportation Planned

Plane, Private Vehicle, Etc.


## Private Vehicle

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#

## Trip Budget:

*If you have another budget form that you are using that includes the same information, you may submit that.*

<b>Income:</b> from money-earning events, council product sales, scholarships, etc.		<b>Amount</b>
Council product sales		
Money-earning		
Scholarships		
Cookie Dough		
Other: Existing bank balance/family payments		
Total Income:		
<b>Trip Expenses:</b> costs of pre-trip activities, the trip and post-trip activities		<b>Amount</b>
Pre-trip Costs	Travel Workshop (-\$25/person)	
	Meetings and events (activities and supplies, site rentals, etc.)	
	Food	
	Transportation	
	Patches, group t-shirt, thank-you gifts, etc.	
	"Shakedown" Practice travel event	
	Other:	
Trip Costs	Airfare	
	Lodging	
	Transportation	
	Food	
	Activities	
	Registration Fees	
	Insurance (-\$1.17 per person per day through GSWW)	
	Other:	
Post-trip Costs	Memorabilia	
	Reunion	
	Other:	
Sum:		
Trip Buffer (Girl Scouts recommends budgeting an additional 20% over trip costs to cover higher prices, incidentals that arise, etc.)		(20% of the sum)
Total Expenses (sum and buffer):		
Cost per person:		
Cost per person if fewer people participate:		

Activities include, but are not limited to: outings, events, transportation, dining, and accommodations. This must include air travel details (flight times, airline, departure/arrival cities, flight #s). You may attach a separate itinerary with all required information instead of completing this section.

**For Council use only**

Date Received: \_\_\_\_\_ Approved: Yes ☐ No ☐

If not approved, reason for not approving:

Date of Notification to Trip Leader:

Next steps/Recommendations:

**GSWW Representative (you may type your name):**