

Date: _____
Troop #: _____
Service Unit: _____
Troop Level: _____

TRAVEL APPLICATION

Council Use Only
Date Received: _____
Case Number: _____

Complete this form to request approval prior to any troop/group travel. If the trip is to a GSKH-owned property, fill out the *Facility Usage Application* form instead.

- Submit at least **6 weeks** before travel for:
 - day trips using Cookie Credits (*Application not required for day trips unless Cookie Credits are requested*).
 - in-town overnights at non-council owned property.
 - one or two night trips.
- Submit at least **12 weeks** before travel if traveling three or more nights.
- Submit at least **6 months** before international travel.

Leader/Advisor Name: _____

Address: _____ City: _____ St: _____ Zip Code: _____

Day Phone: _____ Evening Phone: _____ Email: _____

Emergency Contact at Destination (an adult who is traveling with the troop/group and can be contacted in case of emergency):
Name: _____ Day Phone: _____ Evening Phone: _____

Emergency Contact at Home (an adult who is not traveling with the troop/group, but can be contacted in case of emergency):
Name: _____ Day Phone: _____ Evening Phone: _____

Travel Basics:

Number Registered: Girls _____ Adults _____ Number Participating: Girls _____ Adults _____

Travel Length/Type Day trip One or Two Nights Three or more nights International

Departure Date & Location: _____ : _____ Return Date & Location: _____ : _____

Destination(s): _____

What is the purpose of this trip (i.e. service, eco-tourism, etc.)? _____

Participants:

Girl's Name	Age/Grade	Girl's Name	Age/Grade	Adult's Name	TL	TS

- All girl participants are currently registered members of Girl Scouts Kansas Heartland.
- All adult participants are currently registered members and approved volunteers of Girl Scouts Kansas Heartland. *TL= Troop Leader, TS= Troop Support*

Transportation:

Modes of transportation (check all that apply):

- Private Vehicle Leased/Rented Vehicle Bus Train Airplane Watercraft Other _____

Companies/Airlines: _____

Drivers:

- I understand that each driver may only drive for six hours per day with a break every two hours. We will have a relief driver(s) for trips over six hours. We will plan to drive in daylight hours. *If applicable, attach a list with additional driver(s) information.*

Name: _____ D.L. # _____ Insurance Co.: _____ Policy #: _____

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Name: _____ D.L. # _____ Insurance Co.: _____ Policy #: _____

Route of Travel:

- Describe route of travel or attach directions (such as MapQuest).

Itinerary and Lodging:

Attach a detailed day-to-day itinerary including activity, location, contact information, and approximate time frame(s). Include lodging details for each night including address and contact information.

Leader/Advisor has reviewed and agrees to follow *Volunteer Essentials* and the *Travel Appendix*.

Leader/Advisor has reviewed and agrees to follow applicable *Safety Activity Checkpoints*.

Which *Safety Activity Checkpoints* have been reviewed? List required certifications in the next section.

Certifications and Training:

Certification	Name of Certified Adult(s)	Date Completed	Expiration (if applicable)	Proof attached
First Aid/CPR (required for all travel)				
For Outdoor Activities: <input type="checkbox"/> Level 101: Outdoor cooking <input type="checkbox"/> Level 201: Semi-primitive camping <input type="checkbox"/> Level 301: Advanced outdoor cooking <input type="checkbox"/> Level 401: Backpacking <input type="checkbox"/> Wilderness First Aid				
For Water Activities: <input type="checkbox"/> Basic Water Rescue <input type="checkbox"/> Small Craft Safety <input type="checkbox"/> Lifeguard				
Other Certifications: (list)				

Budget:

Income Sources:	Total Budget:	Expense Categories:	Total Budget:
Available Troop Funds		Transportation	
Future Product Sales Proceeds		Bus/Train/Airplane Tickets \$ _____ per person x _____ people	
Future Money Earning Proceeds		Vehicle(s) – rental \$ _____ per vehicle x _____ days	
Cookie Credit Requests		Vehicle(s) – gas _____ miles ÷ _____ mpg x \$ _____ per gallon	
Other income (list)		Lodging \$ _____ per night x _____ nights x _____ rooms	
		Activities (include cost per girl and cost per adult in itinerary)	
		Food \$ _____ per person per meal x _____ meals x _____ people	
		Insurance \$0.11 per person x _____ people x _____ days	
		Other expenses (list)	
		Emergency Funds	
Total Income:		Total Expenses:	

Did your troop/group participate in council-sponsored product sales? Yes No

Did your troop/group conduct any money-earning projects? Yes No

Is your troop/group requesting payment of cookie credits? Yes No

Cookie credits may be used for approved troop trips of at least 125 miles from point of origin. Leader/Advisor must submit the *Troop Cookie Credit Request for Travel* four weeks before travel with parent signatures authorizing the use of credits.

Permission, Authorization, and Insurance:

Day Trips and One or Two Night Trips

- Permission Form for Troop/Group Activities* must be collected by the leader/advisor for each girl participant for all trips within the United States.
- Health History and Authorization* form must be collected by the leader/advisor for each girl and adult participant.
- Registered Girl Scouts (girls and adults) are automatically covered by Girl Scout Activity Insurance for trips lasting two nights or less.

Three or more night trips

- Permission Form for Troop/Group Activities* must be collected by the leader/advisor for each girl participant for all trips within the United States.
- Health History and Authorization plus Medical Exam* form must be collected by the leader/advisor for each girl participant.
- Health History and Authorization* form must be collected by the leader/advisor for each adult participant.
- Supplemental insurance is required.** After your Travel Application is approved, contact the Girl Scouts of Kansas Heartland at 1-888-686-MINT (6468) or info@gskh.org to purchase additional insurance (plans begin at \$0.11 per person per day).

Permission, Authorization, and Insurance - continued:

International travel

- Troop/Group is working with the following Girl Scout affiliated tour company _____
 - Health History and Authorization plus Medical Exam* form must be collected by the leader/advisor for each girl participant.
 - Health History and Authorization* form must be collected by the leader/advisor for each adult participant.
 - Notarized** *Permission to Travel Form for Minors* must be collected by the leader/advisor for each girl participant.
 - Notarized** *Authorization for Medical Treatment for Minors* form must be collected by the leader/advisor for each girl participant.
 - All trip participants must have valid passports. Leader/Advisor will photocopy passports in order to carry one additional copy and leave one copy with emergency contact at home.
 - Supplemental insurance is required.** After your Travel Application is approved, contact the Girl Scouts of Kansas Heartland at 1-888-686-MINT (6468) or info@gskh.org to purchase additional insurance (plans begin at \$0.11 per person per day).
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Leader/Advisor Statement of Compliance:

I have read all Girl Scouts of Kansas Heartland policies and procedures in regard to troop/group travel (*Volunteer Essentials, Travel Appendix, Safety Activity Checkpoints*) and verify that all information on this request is accurate and in accordance with GSKH policy.

- All girl participants are currently registered members of Girl Scouts Kansas Heartland.
- All adult participants are currently registered members and approved volunteers of Girls Scouts Kansas Heartland.
- All drivers for these activities are properly licensed and all vehicles are registered, insured, maintained and have a seat and seatbelt for every passenger.
- Safety Activity Checkpoints and all health, safety and emergency procedures have been reviewed and are being adhered to.
- All certified adult participants are able to perform in their capacities according to GSUSA health and safety guidelines.
- Parents/guardians are informed of the trip activities, safety and emergency procedures, and contact information.
- Appropriate permissions and authorizations have been obtained for each girl.
- Our troop/group will conduct ourselves at all times in a positive manner while representing Girl Scouts.
- I understand providing misinformation could result in the trip not being covered by Girl Scout Activity Insurance and could increase personal liability.

Leader/Advisor Signature: _____ Date: _____