

**Submit at least 2 weeks prior to departure:** Meeting time, day trips, and single night overnight trips which include **high risk activities** and overnight trips lasting two or more nights within the Council boundaries.

**Submit at least two months prior to departure (national):** Any **overnight** trip outside of the Council region\* and any trip that lasts **six nights** or more within the Council region. The GSCCC region includes AL, DE, Washington DC, FL, GA, KY, MD, MS, NC, SC, TN, VA, and WV.

**Submit at least one year before departure:** Any international trip\*

\*Upon initial endorsement by the service unit program consultant, this form is to be submitted to the Council at [customer care@gscce.org](mailto:customer care@gscce.org) for final approval.

Service Unit # \_\_\_\_ Troop/Group # \_\_\_\_\_ Girl Scout Level:  Daisy  Brownie  Junior  Cadette  Senior  Ambassador  
 Leader/Advisor Name \_\_\_\_\_ Email \_\_\_\_\_  
 Day Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Trip Start Date (MM/DD/YYYY) \_\_\_\_\_ Return Date (MM/DD/YYYY) \_\_\_\_\_ # Nights \_\_\_\_\_  
 Trip Destination(s) \_\_\_\_\_  
 Emergency Contact Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**Types of Accommodations (check all that apply).**

| <input type="checkbox"/> Private Camp                               | <input type="checkbox"/> Girl Scout Camp/Program Center | <table border="1"> <tr> <th colspan="2"># of Trip Attendees</th> </tr> <tr> <td>Registered Girls</td> <td></td> </tr> <tr> <td>Registered Adults</td> <td></td> </tr> <tr> <td><b>Total Attendees</b></td> <td></td> </tr> </table> | # of Trip Attendees |  | Registered Girls |  | Registered Adults |  | <b>Total Attendees</b> |  |
|---|---|---|---------------------|--|------------------|--|-------------------|--|------------------------|--|
| # of Trip Attendees   |   |   |                     |  |                  |  |                   |  |                        |  |
| Registered Girls  |   |   |                     |  |                  |  |                   |  |                        |  |
| Registered Adults   |   |   |                     |  |                  |  |                   |  |                        |  |
| <b>Total Attendees</b>  |   |   |                     |  |                  |  |                   |  |                        |  |
| <input type="checkbox"/> Public Camp                                | <input type="checkbox"/> Home Hospitality               |   |                     |  |                  |  |                   |  |                        |  |
| <input type="checkbox"/> Rental Property (cabin, beach house, etc.) | <input type="checkbox"/> Youth Hostel                   |   |                     |  |                  |  |                   |  |                        |  |
| <input type="checkbox"/> Government Facility                        | <input type="checkbox"/> Hotel/Motel                    |   |                     |  |                  |  |                   |  |                        |  |
| <input type="checkbox"/> Other (please list):                       |   |   |                     |  |                  |  |                   |  |                        |  |

**Certified Adults in Attendance**

Provide the name of the adult who will be attending the trip who has taken the following trainings.

|   |  |
|---|--|
| <input type="checkbox"/> Girl Scouting 101, Out & About, Girl Scout Program Basics, Risk Management |  |
| <input type="checkbox"/> Outdoor I and/or Outdoor II (if camping)                                   |  |
| <input type="checkbox"/> First-Aid:   |  |
| Type of First-Aid Certification Exp. Date:  |  |
| Type of CPR Certification Exp. Date:  |  |

**Transportation (check all that apply). Note: All chartered/borrowed vehicles require a certificate of insurance.**

|  |   |
|--|---|
| <input type="checkbox"/> Private Passenger Vehicle | <input type="checkbox"/> Rental/Charter (provide name of company for each used) |
| <input type="checkbox"/> Public Transportation     | Bus:  |
| <input type="checkbox"/> Public Ferry/Watercraft   | Car:  |
| <input type="checkbox"/> Plane                     | Van:  |
| <input type="checkbox"/> Train                     |   |

**Activities to be Conducted (check all that apply).**

Send any contracts or liability waivers/awareness of risk forms to the Council's Volunteer Support team for review. Review and follow *Safety Activity Checkpoints* for each activity.

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Backpacking      | <input type="checkbox"/> Climbing/Rappelling      | <input type="checkbox"/> High/Low Ropes Course/Challenge Course |
| <input type="checkbox"/> Hayride          | <input type="checkbox"/> Snow Skiing/Snowboarding | <input type="checkbox"/> Ice Skating/Roller Skating             |
| <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Water Skiing             | <input type="checkbox"/> Theme Park/Water Park                  |
| <input type="checkbox"/> Caving           | <input type="checkbox"/> Archery                  | <input type="checkbox"/> Other (please list):                   |

**Swimming (check all that apply).**

|   |  |  |
|---|--|--|
| <input type="checkbox"/> In a Backyard Pool | <input type="checkbox"/> In Hotel/Cruise Ship Pool | <input type="checkbox"/> In Open Water |
|---|--|--|

**Boating (check all that apply).**

|             |                                    |                                       |                                     |                                    |                                    |                               |                                  |
|-------------|------------------------------------|---------------------------------------|-------------------------------------|------------------------------------|------------------------------------|-------------------------------|----------------------------------|
| Craft Type: | <input type="checkbox"/> Raft      | <input type="checkbox"/> Canoe        | <input type="checkbox"/> Kayak      | <input type="checkbox"/> Sailboat  | <input type="checkbox"/> Sailboard | <input type="checkbox"/> Tube | <input type="checkbox"/> Rowboat |
| Water Type: | <input type="checkbox"/> Flatwater | <input type="checkbox"/> Moving Water | <input type="checkbox"/> Whitewater | <input type="checkbox"/> Ocean/Bay |                                    |                               |                                  |

**Certified/qualified adults who will be supervising the checked activities above.**

| Activity | Certified/Qualified Adult Name | Type of Certification | Expiration Date |
|----------|--------------------------------|-----------------------|-----------------|
|          |                                |                       |                 |

Check here if any activities will be conducted through contracting an individual or company providing equipment, instructors, supervision or program (e.g., guides, outfitters, touring company, livery, rental agency, etc.). A certificate of insurance is to be obtained for each company at least two weeks prior to trip.

Specify activities and name of contracted individual/company: \_\_\_\_\_  
 \_\_\_\_\_

### Budget

| Income                    |    | Expense                        |    |
|---------------------------|----|--------------------------------|----|
| Troop Treasury            | \$ | Transportation                 | \$ |
| Fall Product Program      | \$ | Girl/Adult Insurance           | \$ |
| Cookie Program            | \$ | Accommodations                 | \$ |
| From Caregivers           | \$ | Entertainment (tickets, etc.)  | \$ |
| Money Earning Activity #1 | \$ | Food/Meals                     | \$ |
| Money Earning Activity #2 | \$ | Emergency Money                | \$ |
| Other*                    | \$ | Spending Money                 | \$ |
| Total Income              | \$ | Other*                         | \$ |
|                           |    | Total Expense                  | \$ |
| Total Cost per Girl       | \$ | Cost per Girl that Family Pays | \$ |
| Total Cost per Adult      | \$ | Cost per Adult that Adult Pays | \$ |

\*Describe "other" expenses and income. \_\_\_\_\_  
 \_\_\_\_\_

How are you ensuring this trip is affordable to all girls in the troop/group? \_\_\_\_\_  
 \_\_\_\_\_

### Checklist for Trip Approval

- Participant list (submit along with this form).
- Detailed trip itinerary (submit along with this form).
- [Insurance Order form](#) and payment (submit along with trip approval confirmation at least two weeks prior to trip).
- Copy of rental agreement or vehicle rental receipt for hired vehicles and other contracts/agreements (if applies to your trip).
- [Certificate of Insurance Request form](#) or copies of certificate of insurance (if applies to your trip).

### Agreement

I am aware of applicable Girl Scouts of the Colonial Coast and GSUSA policies, standards and procedures found in current versions of [Safety Activity Checkpoints](#), [Volunteer Essentials](#) and [National/International Trip Guide](#), and agree to follow them.

Signature of Troop/Trip Leader \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Troop/Trip Leader \_\_\_\_\_

### Trip Endorsement and Approval

**Service Unit Program Consultant** – provides initial endorsement of trips.

Endorsed     Not Endorsed

Comments: \_\_\_\_\_

Date emailed to the Council at [customercare@gsccc.org](mailto:customercare@gsccc.org) for final approval. \_\_\_\_\_

Signature of Service Unit Program Consultant \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Service Unit Program Consultant \_\_\_\_\_

**Council Use Only** – provides final approval for trips.

Approved     Not Approved

Comments: \_\_\_\_\_

Date emailed approval status to troop/trip leader and service unit program consultant. \_\_\_\_\_

Date recorded in National/International Trip spreadsheet. \_\_\_\_\_

Staff signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Staff \_\_\_\_\_