



Girl Scouts®

Extended Trip Application

This application is to be used for any trip that is more than two nights long, and/or out of New England (Maine, New Hampshire, Vermont, Massachusetts, Connecticut, and Rhode Island) or the United States.

Along with application please submit an itinerary and any other supportive material necessary.

To ensure enough time for your application to be reviewed and approved please submit at least six months prior to planned departure for domestic trips and at least one year prior to international trips.

Please do not make any reservations until approval has been granted.

Submit to: Girl Scouts of Swift Water Council
Attn: Laura Gautier
Program Specialist
PO Box 10832
Bedford, NH 03110

Part I: General Information

Group # _____ Age Level: _____ Ages of Girls: _____

of Girls _____ # of Adults: _____

Advisor in Charge of Trip: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone _____

Email: _____

Trip Destination: _____

Departure Date: _____

Return Date: _____

Part II: Trip History

1. What kind of trips has your troop taken to progress towards taking an Extended Trip? (i.e. day trips, overnight trips, etc.)

2. When did your troop begin planning this trip and please share with me any planning steps you have taken? (i.e. troop planning meetings, parent meetings, etc.)

Part III: Plans

1. What is the purpose of this trip and how does it relate to the Girl Scout program?

2. Please describe how you will include girls who may join your group at a later date?

3. Please attach a basic daily itinerary, to the best of your knowledge at time of application.
Remember to include time for travel, activities and rest/free time.

Part IV: Emergency Contacts

Lead Contact Person on Trip: _____

Number to be reached at while on Trip: _____

Trip FA/CPR Adult **: _____

Chapter issued: _____ Expiration Date: _____

If camping, Outdoor Living (BOLS) trained adult: _____

If Swimming, Trip Lifeguard **: _____

Chapter issued: _____ Expiration Date: _____

****Please include a copy of any and all certification(s).****

Emergency Contact Person at home: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ day _____ evening

1. While on trip what are your emergency procedures? (For instance if one girl gets separated from the group do you have a plan to get everyone back together with a minimum of fuss? It's also suggested in Safetywise that girls carry an ID card inside their backpack with contact info for home and where they are staying, and contacts while on the trip.)

Part V: Overnight Accommodations

Overnight Accommodations: (If more than one, please list all)

Name of Facility: _____

Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Part VI: Travel

Mode of Transportation _____

If driving, please include names of drivers and license number. Just as with any field trip please check to be sure insurance is up to date and they have their Insurance cards with them the day of the trip.

Name: _____ DL# _____

Name: _____ DL# _____

Name: _____ DL# _____

If flying, please include airline and flight #:

Departing Trip

Airline: _____ Flight: _____

Place of Departure: _____ Place of Arrival: _____

Time of Departure: _____ Time of Arrival: _____

Return Trip

Airline: _____ Flight: _____

Place of Departure: _____ Place of Arrival: _____

Time of Departure: _____ Time of Arrival: _____

Part VII: Finances

Income

(Please indicate if you have a separate account just for this trip - Y or N)

Calendar Sale (% of profit _____) \$ _____

Fall Product Sale (% of profit _____) \$ _____

Cookie Sale (% of profit _____) \$ _____

Girl/Parent Contribution \$ _____ per person

Leader/Advisor Contribution \$ _____

Group Money-Earners

Remember to submit Permission for Money Earning Request Form to Regional office and wait to receive permission before participating in any money earners.

Activity	Expected	Actual
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____

Current Balance in Group Account: \$ _____

Current Balance in Account Designated for Trip \$ _____

Total Needed For Trip \$ _____

Total Still needed to Raise for Trip \$ _____

***Expenses**

Please provide the estimated cost that you have used to estimate the total cost of your trip. Also if traveling out of country please keep budget in America currency. If you have your own form, feel free to attach a copy of that in place of this form.

Travel Costs	Cost Per Person	Total for Group
Car/Bus (rental)	\$ _____	\$ _____
Plane	\$ _____	\$ _____
Train	\$ _____	\$ _____
Taxi	\$ _____	\$ _____
Gas	\$ _____	\$ _____
Parking	\$ _____	\$ _____
Tolls	\$ _____	\$ _____
Food (\$____per person/per day)	\$ _____	\$ _____
Overnight Accommodations:	\$ _____	\$ _____
Entry Fees (please list all)		
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____
 Additional Insurance <i>(Per Person/Per Day Required)</i>		
With in US \$0.29	\$ _____	\$ _____
International Travel \$1.17	\$ _____	\$ _____
Emergency Fund <i>(Suggested 10%)</i>	\$ _____	\$ _____
Other, please explain	\$ _____	\$ _____
Total	\$ _____	\$ _____

Part VIII: Signatures

Girls Signatures: _____

Advisor/Leader Signatures: _____

Please send our group the following forms:

___Permission for Money-Earning Activity ___Money-Earning Report Form
___New York City Trip Tips ___Flight Booking Sites ___Hostelling International

As Service Unit Manager, I feel this trip has been adequately planned and approval should be granted.

Yes _____ No _____(please explain)

Comments of Service Unit Manager:

Printed Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Regional Office Staff (required if there is no Service Unit Manager (SUM) or if leader is SUM)

Signature: _____ Date: _____

Council Approval:

Program Specialist

Signature: _____ Date: _____