



Troop Adventure Request for Approval

Girl Scouts Heart of Central California | 6601 Elvas Avenue Sacramento, CA 95819 | www.girlscoutshcc.org

TRIP CONSULTANT

Mail form 3 months prior to travel to: Trip Consultant (please use the address above)

Date Rec'd _____
Approval Sent _____
M.D. Notified _____

Troop #: _____ Program Level _____ Service Unit _____

Troop/Group Leader: _____ Email: _____

Mailing Address: _____
(Street) (City) (Zip)

Telephone Number: Day (____) _____ Evening Number: (____) _____

TRIP LOGISTICS

Departure Date: _____ Time: _____ Return Date: _____ Time: _____
(month/day/year) (month/day/time)

Method of Transportation Being Used: (Check all that apply)

Plane Airlines _____

Departure Flight # _____ Connecting Flight # _____ City _____

Return Flight # _____ Connecting Flight # _____ City _____

Private Automobile

Rest stops have been planned _____ Relief drivers are available _____

Drivers' Names _____ DL# _____ State _____ Exp. _____

_____ DL# _____ State _____ Exp. _____

_____ DL# _____ State _____ Exp. _____

Train Name _____ Departure Train # _____ Return Train # _____

Boat Name _____ Departure From _____ Return To _____

Chartered Bus/Rented Vehicle Council authorization received Yes No

* If chartering a bus or renting a vehicle, complete "Authorization to Charter/Rent a Vehicle" Form #810

Lodgings: (Use separate sheet of paper if needed.)

Lodgings #1: _____ (____) _____
Name City Phone

Nearest Hospital(s): _____ (____) _____
Name City Phone

Lodgings #2: _____ (____) _____
Name City Phone

Nearest Hospital(s): _____ (____) _____
Name City Phone

- Yes No Final Trip Itinerary is attached. On separate piece of paper attach a copy of your final trip itinerary, detailing where you will be each day and each day's planned activities. For international travel, include U.S. Embassy & Consulate offices.
- Yes No Additional insurance has been secured with rosters.
- Yes No Medical exams within the past 24 months and current health histories within the past 6 months have been obtained for all girls and adults participating on a trip lasting 3 or more nights.
- Yes No Emergency plans and first aid procedures have been developed and reviewed by all. Emergency plans should include lost participant, requesting emergency help, minor & major medical incidents, vehicle emergencies, and behavior infractions.
- Yes No Emergency ID bracelets as described in *Safety Wise* have been secured. (Pg. 93)
- Yes No For international travel, parent permissions have been notarized.

SUPERVISION

Supervising Adults Other than Troop Leader

Name _____ Position _____ Phone (____) _____

Name _____ Position _____ Phone (____) _____

Name _____ Position _____ Phone (____) _____

Copies of certifications **MUST** be attached

Certified First Aider _____ Expiration _____

Certified Lifeguard _____ Expiration _____

Certified Troop Camper _____ Year Completed _____

FINAL BUDGET

Trip Cost Per Person \$ _____

Total Troop Cost \$ _____

Cost Covered By Each Person \$ _____

Cost Covered Through Money Earning Activities \$ _____

Cost Covered By Other Sources \$ _____

Describe:

I have worked with the girls and feel that our trip and activities are well planned, that all necessary arrangements have been made, and that all *Safety Wise* and other council procedures and standards have been met.

Signature: _____ Date: _____
Troop Leader/Trip Leader

After receiving all plans and budget, approval for the above planned trip is given. Yes No

Signature: _____ Date: _____
Trip Consultant