

## Troop Overnight and Travel Approval Form

This form is to be used by Troop Leaders to obtain approval from the Service Unit Manager for Troops to participate in certain types of trips. Incomplete forms will not be considered for approval. The Service Unit Manager will return the form to the Troop Leaders immediately upon approving or disapproving the form. When the form has been approved, the Service Unit Manager will immediately submit a copy of the form to the Membership Specialist along with the required documents for trips of 4 nights or more and trips of any length outside of the continental US (see below). The following chart states which types of trips require the use of this form, and when the form is due to the Service Unit Manager for approval:

Type of Trip	Form Required?	Deadline to Submit Form to Service Unit Manager
Trips of 4 nights or more	Yes	4-6 weeks prior to trip
Trips of any length outside the continental US	Yes	4-6 weeks prior to trip

For trips of 4 nights or more or trips of any length outside of the continental US, approval is contingent upon receipt of the following which must accompany this form: trip itinerary, roster, budget, copy of rental agreements and/or contracts with facilities and/or vendors

### TYPE OF TRIP (Select One)

Trip of 4 nights or more     Trip of any length outside the continental US

### TROOP AND TRIP INFORMATION

Troop Number	Association	Service Unit	Program Level (Check all that apply)			
			<input type="checkbox"/> Daisy <input type="checkbox"/> Brownie <input type="checkbox"/> Junior <input type="checkbox"/> Cadette <input type="checkbox"/> Senior <input type="checkbox"/> Ambassador			
Troop Leader Name		Phone 1	Phone 2	E-mail		
Adult-In-Charge		Phone 1	Phone 2	E-mail		
Emergency Contact		Phone 1	Phone 2	E-mail		
Activity Start Date	Activity End Date	Description of Activity				
Name of Destination			Address of Destination			
Mode of Transportation						
<input type="checkbox"/> Private Vehicle <input type="checkbox"/> Train <input type="checkbox"/> Rental/ Charter Bus <input type="checkbox"/> Plane <input type="checkbox"/> Other (specify): _____						

### TRIP PARTICIPANTS AND INSURANCE

REGISTERED GIRLS SCOUTS	
Number of Girls	Number of Adults

NON-GIRL SCOUT PARTICIPANTS		
Number of Adults	Number of Girls Under Age 5	Number of Boys

All girls' ages 5-18 and all volunteers must be registered members of Girl Scouts Nation's Capital in order to participate in any type of trip. If your trip includes participants that are not required to be registered, have you purchased non-Girl Scout participant insurance coverage?  Yes  No

For trips of four nights or more and trips of any length outside of the continental US, you must contact the Human Resources Department at least 4-6 weeks prior to the start of your trip to purchase insurance. Insurance request form and guide are available at [www.gscnc.org/forms](http://www.gscnc.org/forms). Refer to *Volunteer Essentials* for more information about insurance coverage and the types of insurance plans. For questions or to purchase insurance, contact the Human Resources Department at (202) 274-3320.

**ACTIVITY CHECKLIST** (Check "Yes" or "No" for the following statements)

All girls and adult volunteers are registered members of Girl Scouts Nation's Capital.	<input type="checkbox"/> Yes <input type="checkbox"/> No
All standards and guidelines as stated in <i>Volunteer Essentials</i> and the <i>Safety Activity Checkpoints</i> will be adhered to.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parental Permissions have been received for all girl participants and Health History and Emergency Medical Authorization have been received from all girl participants.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appropriate girl/adult ratios will be met.	<input type="checkbox"/> Yes <input type="checkbox"/> No
All high-adventure and chartered transportation vendors are on Girl Scout Nation's Capital's Approved Vendor List.	<input type="checkbox"/> Yes <input type="checkbox"/> No
An adult-in-charge will have a completed Field Trip Packet with them at all times during the trip.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current first-aiders will be on site as required, and the location and phone number of the nearest hospital will be readily available.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency procedures have been developed and discussed with all participants.	<input type="checkbox"/> Yes <input type="checkbox"/> No
All participating adults will have the phone numbers of the Council office (202-237-1670) and Emergency Answering Service (888-288-1784) readily available.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**ADULT TRAINING/ CERTIFICATION CHECKLIST**

	Name of Volunteer	Certification Information
First-Aid/ CPR Certified		Certification Expiration Date: _____
Camp/ High-Adventure Trained*		Certification Type: _____ Expiration Date: _____
Domestic Troop Travel*		Date Training Completed: _____
International Troop Travel*		Date Training Completed: _____

\*Depending on the type of travel, above courses may or may not be needed.

**LEADER AGREEMENT**

I, and all adult volunteers participating in this trip/activity, have reviewed all of the policies, procedures, and guidelines of the Girl Scouts Nation's Capital and Girl Scouts of the USA as stated in *Volunteer Essentials* and the *Safety Activity Checkpoints* and agree to follow them.

Signature of Leader: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>TRIP APPROVAL</b> (To Be Completed by the Service Unit Manager)</p> <p>This trip/activity is approved: <input type="checkbox"/> Yes <input type="checkbox"/> No If not, state reason(s): _____</p> <p>Signature of Service Unit Manager: _____ Date: _____</p>
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