

## Troop/Group Intent to Travel Form

### Instructions:

**\*\*Intent to travel form must be filed for any day trip that exceeds *Safety-Wise* distance standards or any trip that involves an overnight (except for GSRI Troop Camping)**

**\*\*Please be sure to follow the time-lines for approval outlined in the *Leader Manual***

1. Leader must first read the Troop Trip pages in the *Leader Manual* and *Safety-Wise*, and then discuss the troop's proposed plans with the program coordinator.
2. Complete both sides of this form and return it to your Service Unit Manager. S/he and your area Field Director share the responsibility of providing council approval for trips.
3. Once approved, the form will be forwarded by your SUM to council. Council will then notify the leader as to the action taken.

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### PART I – To be completed by Troop Leader

Service Unit: \_\_\_\_\_ Troop/Group #: \_\_\_\_\_

Age-level:  Brownies  Juniors  Girl Scouts 11-13  Girl Scouts 13-15  Girl Scouts 15-17

Leader's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Date leader completed Troop Trips II Training: \_\_\_\_\_

Type of trip:  Camping  Educational  Other \_\_\_\_\_

# of Girls: \_\_\_\_\_ # of Adults: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Furthest destination of trip: \_\_\_\_\_

Major stops en route: \_\_\_\_\_

1. Please explain the tie-in of the trip to program activities.

2. List prior camp and travel experiences:

### 3. Transportation

Chartered  Bus  Train  Public  Private Car  Plane  Other \_\_\_\_\_

continued over >>>

Do owners of cars and buses carry liability and property damage insurance which adequately protects the owner and passengers in the event that an accident occurs and legal suit results? (**RI law requires** \$75,000 coverage for individual cars; **MA law requires** \$20,000/\$40,000. **GSRI suggests** coverage beyond these minimums.) If using a bus, please check that the company has a certificate of insurance on file with the council office.

Yes  No

**\*\*For information about council insurance, please see Leader Manual Finance section and consult your Field Director.\*\***

4. **Accommodations:** Do they meet Girl Scout Health and Safety standards?  Yes  No

Type:  Camp/Campground  Motel/Hotel  Other \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

5. **Estimated Cost of Trip:** \$ \_\_\_\_\_

Cost will be met by (estimated):

Troop/Group Treasury	\$ _____
Cookie Sale Profit	\$ _____
Other council sponsored product sale	\$ _____
* Special troop/group money earning	\$ _____
Amount brought from home (total)	\$ _____
TOTAL	\$ _____

***\*If a special money earning project is needed to help finance this trip, Application for Troop/Group Money Earning Project should accompany this form.***

Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PART II – To be completed by Service Unit Manager and Field Director**

We have reviewed and discussed the proposed trip plans of Troop/Group: \_\_\_\_\_, and recommend:

Intent to travel is  approved  not approved

**If a special money-earning project is involved**, we  approve  do not approve the *Application for Troop/group Money Earning Project*.

**If troop/group camping is involved**, we  approve  do not approve the *Troop/group Camp Application*.

**If approved**, any special recommendations:

**If not approved**, reasons and recommendations:

Signature of Service Unit Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Field Director: \_\_\_\_\_ Date: \_\_\_\_\_