

## **Intent to Plan a National/International Trip**

Use this form for:

- Any national trip that is longer than one night outside the Council region.
- Any national trip that is six nights or more within the Council region.
- Any international trip.

Submit this form to your service unit program consultant as soon as the troop begins planning an extended trip (typically three months to three years before trip). Doing so gives the service unit program consultant the opportunity to provide information, guidance and support in planning the trip. Completion of this form does not mean the troop has approval for the trip, or has even applied to take the trip; this form serves only as an information piece. The <a href="Trip Approval Form">Trip Approval Form</a> is to be submitted no later than **two months** prior to the proposed national trip (preferably earlier) or **one year** prior for any trips outside of the U.S.A. Provide all information available when completing this form. If your trip involves an adult training pre-travel trip, email <a href="mailto:customercare@gsccc.org">customercare@gsccc.org</a> with the date, accommodation and contact information.

Service Unit	#T	roop/Group # Level: Daisy	r□ Brownie □ Junio	or ☐ Cadette ☐ Senior	□Ambassador
Troop/Group	Leader	Name	Ema	ail	
Day Phone (_	)	E	vening Phone (	)	
Street Address		City	State	Zip	
Planned Trip Start Date (MM/DD/YYYY)					
Trip Destinat	ion(s) _				
		ation Planned			
Type(s) of Accommodation Planned					
Name of Trained *Adult(s) Accompanying Troop/Group					
*Completed Girl Scouting 101, Out & About, Girl Scout Program Basics, and Risk Management.					
Will the troop/group be planning any money-earning activities to help pay for the trip? Please list.					
	Approximate Cost		Approximat	Approximate # of Trip Attendees	
	\$	Total Cost of Trip		Registered Girls	_
	\$	Cost Per Person		Registered Adults	
GSCCC polici	es, stan	nds to plan the trip described abordards and guidelines. I understand a national trip or <b>one year</b> prior f	the <u>Trip Approval F</u>	orm is to be submitted	
Troop/Group	Leader	Signature		Date	
Service Unit	Program	Consultant Name			
Service Unit Program Consultant Signature				Date	