

## **Council Trip Approval Form**

Submit at least two months prior to departure to the service unit trip approval designee: Any overnight trip outside of the Council region\* and any tripthat lasts 3 nights without a holiday or more within the Council region which includes DE, Washington DC, KY, MD, OH, PA, VA, and WV, North East NC (our council boundary). Submit at least one year before departure: Any international trip\*. \*Upon initial endorsement by the service unit program consultant, this form is to be submitted to the Council by service unit trip approval designee to customercare@gsccc.org for final approval. Service Unit # \_\_\_ Troop/Group # \_\_\_\_ GS Level: Daisy Brownie Junior Cadette Senior Ambassador Participant Information: # Registered Girls \_\_\_\_ # Registered Adults \_\_\_\_ \_\_\_\_\_ Email \_\_\_\_ Leader/Advisor Name \_\_\_\_ Phone (\_\_\_)\_\_\_\_\_Address \_\_\_\_\_ Trip Start Date (MM/DD/YYYY) \_\_\_\_\_\_Start Time (AM/PM) \_\_\_\_\_ Trip Return Date (MM/DD/YYYY) \_\_\_\_\_\_\_Return Time (AM/PM) \_\_\_\_\_# Nights \_\_\_\_\_ Trip Destination(s) Location and Address \_\_\_\_\_ Phone (\_\_\_\_) Emergency Contact Name Minimum of Two Certified Adults in Attendance Provide the names of the adults who will be attending the trip who have taken the following: Requirements Name of Adult First adult who has completed all required training and is attending Second adult who has completed all required training and is attending Adult who has taken Outdoor I or Outdoor I and II (required for overnights). If N/A, check:  $\square$ Level 2 Type of First Aid Expiration **CPR** Certification Trip Details Provide your answers below. List type(s) of accommodations. List type(s) of transportation. Note: All chartered/borrowed vehicles require a Certificate of Insurance. Check the approved vendor list before submitting a request form. List all activities to be conducted. Any contracts or liability waivers/awareness of risk forms are to be emailed to <u>customercare@gsccc.org</u> for the Council's Volunteer Support team to review. Review and follow *Safety Activity Checkpoints* for each If swimming, explain where (e.g., in a backyard pool, hotel/cruise ship pool, open water). Requires a lifeguard to be on duty. If boating, list craft type (e.g., raft, canoe, kayak, etc.) and water type (e.g., flatwater, moving water, ocean/bay, etc.). Requires a certified guide or instructor. Certified/qualified adults who will be supervising the activities stated above. Activity Certified/Oualified Adult Name Type of Certification Expiration Date



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Troop Treasury \$ Fall Product Program \$ Cookie Program \$ From Caregivers \$ Money Earning Activity #1 \$ Money Earning Activity #2		BUDGET Experiment	nse	
Fall Product Program \$ Cookie Program \$ From Caregivers \$ Money Earning Activity #1 \$		Transportation		
Cookie Program \$ From Caregivers \$ Money Earning Activity #1 \$			\$	
From Caregivers \$ Money Earning Activity #1 \$		Girl/Adult Insurance	\$	
Money Earning Activity #1 \$		Accommodations	\$	
		Entertainment (tickets, etc.)	\$	
Monoy Forning Activity #2 ¢		Food/Meals	\$	
		Emergency Money	\$	
Other* \$		Spending Money	\$	
Total Income \$		Other*	\$	
		Total Expense	\$	
Total Cost per Girl \$		Cost per Girl that Family Pays	\$	
Total Cost per Adult \$		Cost per Adult that Adult Pays	\$	
*Describe "other" expenses and income. How are you ensuring this trip is affordable to all girls in the troop/group?				
Are 75% of girl troop members attending?   Yes  No	attend	If no, has a comparable trip been planned for those unable to attend?  □ Yes □ No		
Describe your comparable trip plan				



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## Agreement

I am aware of applicable Girl Scouts of the Colonial Coast and GSUSA policies, standards and procedures found in current versions of <u>Safety Activity Checkpoints</u>, <u>Volunteer Essentials</u> and <u>National/International Trip Guide</u>, and agree to follow them.

COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. As with any social activity, participation in Girl Scouts could present the risk of contracting COVID-19. While Girl Scouts of the Colonial Coast takes every safety and preventative precaution, Girl Scouts of the Colonial Coast can in no way warrant that COVID-19 infection will not occur through participation in Girl Scouts of the Colonial Coast programs.

Printed Name of Troop/Trip Leader	Signature	Date
Trip Endorsement and Approval Service Unit Program Consultant – provides initial end Endorsed Not Endorsed Comments:	lorsement of trips.	
Date emailed to the Council at <a href="mailto:customercare@gsccc.org">customercare@gsccc.org</a> for fin Printed Name of SU Program Consultant		_Date
<b>Council Use Only</b> – provides final approval for trips.  ☐ Approved ☐ Not Approved		
Comments:  Date emailed approval status to troop/trip leader and service u	nit program consultant	
Date recorded in National/International Trip spreadsheet.		_

Printed Name of Council Staff \_\_\_\_\_\_\_\_Signature \_\_\_\_\_\_\_Date \_\_\_\_\_