

Submit at least 2 weeks prior to departure: Meeting time, day trips, and single night overnight trips which include **high risk activities** and overnight trips lasting two or more nights within the Council boundaries.

Submit at least two months prior to departure (national): Any **overnight** trip outside of the Council region* and any trip that lasts **six nights** or more within the Council region. The GSCCC region includes AL, DE, Washington DC, FL, GA, KY, MD, MS, NC, SC, TN, VA, and WV.

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 at customercare@gsccl.org for final approval.

Service Unit # ____ Troop/Group # _____ Girl Scout Level: Daisy Brownie Junior Cadette Senior Ambassador
 Leader/Advisor Name _____ Email _____
 Day Phone (_____) _____ Evening Phone (_____) _____
 Street Address _____ City _____ State ____ Zip _____
 Trip Start Date (MM/DD/YYYY) _____ Start Time (AM/PM) _____
 Trip Return Date (MM/DD/YYYY) _____ Return Time (AM/PM) _____ # Nights _____
 Trip Destination(s) _____
 Emergency Contact Name _____ Phone (_____) _____

Certified Adults in Attendance

Provide the name of the adult who will be attending the trip who has taken the following trainings.

Girl Scouting 101, Out & About, Girl Scout Program Basics, Risk Management	
Outdoor I and/or Outdoor II (if camping)	
First-Aid:	
• First-Aid Certification Exp. Date:	
• CPR Certification Exp. Date:	

List type(s) of accommodations to be used during trip: _____

List type(s) of transportation to be used during trip. Note: All chartered/borrowed vehicles require a certificate of insurance. _____

List all activities to be conducted during trip.

Send any contracts or liability waivers/awareness of risk forms to the Council’s Volunteer Support team for review. Review and follow [Safety Activity Checkpoints](#) for each activity.

If swimming, explain where (e.g., in a backyard pool, hotel/cruise ship pool, open water):

If boating, list craft type (e.g., raft, canoe, kayak, etc.) _____ and water type (e.g., flatwater, moving water, ocean/bay, etc.) _____

Certified/qualified adults who will be supervising the activities stated above.

Activity	Certified/Qualified Adult Name	Type of Certification	Expiration Date

Check here if any activities will be conducted through contracting an individual or company providing equipment, instructors, supervision or program (e.g., guides, outfitters, touring company, livery, rental agency, etc.). A certificate of insurance is to be obtained for each company at least two weeks prior to trip. **Specify activities and name of contracted individual/company:** _____

BUDGET

Income		Expense	
Troop Treasury	\$	Transportation	\$
Fall Product Program	\$	Girl/Adult Insurance	\$
Cookie Program	\$	Accommodations	\$
From Caregivers	\$	Entertainment (tickets, etc.)	\$
Money Earning Activity #1	\$	Food/Meals	\$
Money Earning Activity #2	\$	Emergency Money	\$
Other*	\$	Spending Money	\$
Total Income	\$	Other*	\$
		Total Expense	\$
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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? _____

Checklist for Trip Approval

- Participant list (submit along with this form).
- Detailed trip itinerary (submit along with this form).
- [Insurance Order form](#) and payment (submit along with trip approval confirmation at least two weeks prior to trip).
- Copy of rental agreement or vehicle rental receipt for hired vehicles and other contracts/agreements (if applies to your trip).
- [Certificate of Insurance Request form](#) or copies of certificate of insurance (if applies to your trip).

Agreement

I am aware of applicable Girl Scouts of the Colonial Coast and GSUSA policies, standards and procedures found in current versions of [Safety Activity Checkpoints](#), [Volunteer Essentials](#) and [National/International Trip Guide](#), 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.

Signature of Troop/Trip Leader _____ Date _____

Printed Name of Troop/Trip Leader _____

Trip Endorsement and Approval

Service Unit Program Consultant – provides initial endorsement of trips.

Endorsed Not Endorsed

Comments: _____

Date emailed to the Council at customercare@gscoc.org for final approval. _____

Signature of Service Unit Program Consultant _____ Date _____

Printed Name of Service Unit Program Consultant _____

Council Use Only – provides final approval for trips.

Approved Not Approved

Comments: _____

Date emailed approval status to troop/trip leader and service unit program consultant. _____

Date recorded in National/International Trip spreadsheet. _____

Staff signature _____ Date _____

Printed Name of Staff _____