

Extended Trip Application - Part 2 (Level 4 or 5 Trip Departure Information)

Troop Information

Adult in Charge								
Address			Phone	Home				
City		Zip		Work				
Email				Cell				
Troop #		Service Unit Name						
Grade Level	<input type="checkbox"/> D	<input type="checkbox"/> B	<input type="checkbox"/> J	<input type="checkbox"/> C	<input type="checkbox"/> S	<input type="checkbox"/> A	Total # Girls	Total # Adults
Date of Trip:				Location:				

Insurance Information

Which insurance will be carried?	<input type="checkbox"/> GS Insurance plan	<input type="checkbox"/> Other (please name)	Date ordered:
----------------------------------	--	--	---------------

Transportation Information

If by Airplane	Airline Name		Flight #	
	Departure Location		Date	
If by Bus	Bus Line <input type="checkbox"/> Charter <input type="checkbox"/> Public			
If by Ship	Ship Line		Departure Location	
If by Car	Provide the amount of car insurance for each car used	Liability \$	Comprehensive \$	Medical \$
	If chartered vehicles, list name and address of company			
	Driver's Name		License #	
	Driver's Name		License #	

Emergency Contact

Who knows your plans, is not participating in the activity, and has a list of participants with contact information for parents/guardians?	Name	Phone #
	Name	Phone #

Checklist

Attachments: <input type="checkbox"/> Complete itinerary* <input type="checkbox"/> Participant list (includes name, address and phone number)
<input type="checkbox"/> Travel and financial arrangements have been made, and trip has the approval and support of parents.
<input type="checkbox"/> Members understand taking responsibility for personal conduct and equipment
<input type="checkbox"/> Good health and safety practices have been implemented, meeting Safety Activity Checkpoints.
Signature of Adult in Charge

* A detailed itinerary must include a description of dates, approximate times, daily activities, major sites or stops, and the addresses of all overnight locations.

Trip Budget - Income

		BUDGETED
Troop Treasury (money on hand)		\$
Troop Money Earning Projects (list)		\$
		\$
		\$
Parent/Guardian Contributions		\$
Other (grants, donations, ect.)		\$
Total Income		\$

Trip Budget - Expenses

		BUDGETED
Transportation	Plane Airfare	\$
	Charter Bus (include tips)	\$
	Train/Subway	\$
	Car (include rental fee, mileage, and gas)	\$
Lodging (include overnight stops while traveling)		\$
Food (include all meals and snacks)		\$
Health/First Aid		\$
Entertainment		\$
Equipment/Supplies		\$
Insurance		\$
Emergency Fund		\$
Other (list)		\$
Other (list)		\$
Other (list)		\$
Total Expenses		\$

Keep one copy for your records, and send one copy to GSOH program team at travel@gsoh.org
at least six weeks before your trip.