

Girl Scouts of Citrus Council
341 N. Mills Avenue, Orlando, FL 32803
(407) 896-4475 or (800) 367-3906

**PRELIMINARY APPLICATION FOR EXTENDED/OUT OF COUNCIL TRIP
FORM A-1**

For trips lasting more than 2 nights or and/or trips out of Council jurisdiction. Have your Service Unit Manager sign the form and submit to the Council Trip Representative for approval.

Troop # _____ Service Unit _____ Program Level _____ #of girls in troop _____

of girls planning to participate in the trip _____ # of adults participating _____

Age range of girls _____

Trip Coordinator's Name _____ Phone _____

E-mail _____ Street _____

City _____ Zip _____

How long has the Trip Coordinator worked with the troop? _____

Trip Leader's Name _____ Phone _____

E-mail _____ Street _____

City _____ Zip _____

Trip Destination(s) _____

Proposed Travel Dates: Departure _____ Return _____

Method(s) of Transportation _____

Activities planned _____

The troop (girls and adults) has taken the following steps: (please check steps completed)

___ Discussed our plans with the parents, and have decided that we are mature enough and work well enough together to benefit from the trip as a valuable experience

___ Held a meeting with all parents to present the idea, and secured their willingness to support the trip if it is approved

(Over)

___ Understand the **Application for Troop Money-Earning Projects** must be approved prior to activity

___ Reference Safety-Wise and GSUSA and GSCC policies and procedures while trip planning

___ Have attached tentative budget and possible ways to finance the trip

___ Have attached agreed upon plan for handling the troop funds if some members of the troop choose not to participate

___ Have an alternate plan for using the money earned in case the trip does not materialize

___ Have an alternate plan to cover expenses in the case of trip participant cancellation

I have discussed and reviewed the above plans with the troop leader and give my preliminary approval for this trip.

Service Unit Managers Printed Name _____

Service Unit Managers Signature _____ Date _____