

# Girl Scouts of Citrus Council

## High Adventure/Extended Travel Application

Intent for High Adventure/Extended Travel Application must be completed for:

- When a troop/group travels outside of the state of Florida for any length of time.
- When a troop/group is traveling for three nights or more to any destination.
- When a troop/ group participates in any: High Adventure Activities that are identified as "High Risk", that require special safety equipment and/or specifically trained facilitators, and activities that are may not be in Safety Activity Checkpoints.

Applications/packets are due TWO MONTHS prior to trip or activity. Once it is received you will be notified within 10 business days of the status of your request and if there are any concerns. The complete Travel Packet must be submitted with all the forms and insurance request if the trip/activity requires it. Please refer to the Activity/Travel Checklist for clarification. Always wait for approval before moving forward with the girls for planning. Please send all forms/packets to Theresa Rivera, Director of Outdoor & High Adventure Programs at [trivera@citrus-gs.org](mailto:trivera@citrus-gs.org)

Date: _____	Group/Troop No.: _____	Service Community: _____
Responsible Adult Name: _____		
Address: _____	City: _____	St: _____ Zip Code: _____
Day Phone: ( ) _____	Alternate Phone: ( ) _____	Email: _____

Grade Level of Participants (check): Daisy    Brownie    Junior    Cadette    Senior    Ambassador

How many are Participating:    Girls \_\_\_\_\_    Adult Participating : Female \_\_\_\_\_ Male \_\_\_\_\_

Has your group planned and participated in a travel/high adventure experience previously?    Yes    No

If yes, give a description of destination, type of trip, and type of activities: \_\_\_\_\_

Departure Date: \_\_\_\_\_ From: \_\_\_\_\_ Return Date: \_\_\_\_\_ To: \_\_\_\_\_

Location of activity/travel: \_\_\_\_\_

What is the purpose of this trip (i.e. service, eco-tourism, etc.)? \_\_\_\_\_

Estimated cost per girl: \$\_\_\_\_\_ Estimated cost per adult: \$\_\_\_\_\_ Total Budget: \$\_\_\_\_\_

Does your group plan on participating in council-sponsored product sales?    Yes    No

Does your group plan on conducting any money-earning activities?    Yes    No

Type of transportation planned (i.e. private vehicle, plane): \_\_\_\_\_

Are there high risk activities on this trip?    Yes    No    If yes, type of activities: \_\_\_\_\_

Have these activities been verified on the approved vendor list?    Yes    No

Responsible Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received: _____	<input type="checkbox"/> Date Approved	<input type="checkbox"/> Date Not Approved
If not approved, what is the reason? _____		
Date of Notification: _____	Council Signature: _____	
Next Steps/Recommendations/Comments: _____		
_____		