



# Girl Scouts of Citrus Council Travel Plan for Extended Trip

The Travel Plan for Extended Trip Form is due no less than 45 days prior.

Date: _____	Group/Troop #: _____	Service Community: _____
Advisor/Leader Name: _____		
Address: _____	City: _____	State: _____ Zip: _____
Day Phone: _____	Alternate Phone: _____	Email: _____

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_ Leaving From: \_\_\_\_\_

Return Date: \_\_\_\_\_ Time: \_\_\_\_\_ Arriving To: \_\_\_\_\_

Place(s) Traveling to: \_\_\_\_\_

Trip Description: \_\_\_\_\_

Are there any 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

What is the Adult/Girl Ratio for this trip?    Adults \_\_\_\_\_ to Girls \_\_\_\_\_

If using private or leased vehicles you must list adults below (if applicable, list additional driver(s) information on a separate sheet):

Name: \_\_\_\_\_ D.L. # \_\_\_\_\_ Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name: \_\_\_\_\_ D.L. # \_\_\_\_\_ Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name: \_\_\_\_\_ D.L. # \_\_\_\_\_ Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name: \_\_\_\_\_ D.L. # \_\_\_\_\_ Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Attach documentation to include with travel plan for the following:**

- Participant Roster for Activities & Trips
- Complete Itinerary with Route of ground travel
- Itemized budget
- Additional Driver information for those not previously listed
- Completed Travel Checklist

**Advisor/Leader Statement of Compliance:**

- GSUSA Safety Activity Checkpoints, GSUSA and Council health, safety and emergency procedures have been reviewed and are being adhered to as defined in Volunteer Essentials, Safety Activity Checkpoints and Travel Appendix.
- All drivers are approved volunteers for these activities and are properly licensed.
- All vehicles are registered, insured, have had recent maintenance and have a seat and seatbelt for every passenger.
- Vehicle checklist has been completed before and during trip on each day of travel.
- Parents/guardians are informed of the trip activities, safety and emergency procedures, and contact information.
- Appropriate permissions have been obtained for each girl including Health History/Health Exam.
- Our group/troop will conduct ourselves at all times in a positive manner while representing Girl Scouts.
- All adults and girls have completed and submitted behavioral/photo agreements
- I understand providing misinformation or participating in an activity that is not approved could result in the trip not being covered by Girl Scout Activity Insurance and could increase personal liability.

Advisor/Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_