



**INTENT TO TRAVEL OVERNIGHT
WITH THE TROOP &
USE PROGRAM CREDITS
for Cadettes, Seniors, Ambassadors only)**

Girl Scouts of Silver Sage
8948 W Barnes St, Boise, ID 83709
(208) 377-2011 or (800) 846-0079
www.girlscouts-ssc.org
Customercare@girlscouts-ssc.org

NOTE: You do not need to complete a separate "Troop Overnight Trip Form" with this request.

NOTE: This form must be received by Customer Care at least 4 weeks prior to the planned trip to allow sufficient time for data verification and approval. Since this approval process ensures the safety of our volunteers and our girls, we reserve the right to decline this request, if not received 4 weeks in advance,

If this is for a National or International Trip, it must be received by the Membership Support Team at least 3 months prior to the planned trip to allow sufficient time for data verification and approval.

Troop #: _____ SU #: _____ ☐ Cadette ☐ Senior ☐ Ambassador

Name/Description of Event: _____

Event Site Name and Address: _____

Dates: From _____ To _____ # of Girls: _____ # of Adults: _____

Person Completing this Form

Name Position Date

Checklist to qualify the use of Program Credits for Troop Overnight Travel:

- ___ We engaged girls in the program travel planning and budgeting.
___ We incorporated the Girl Scout Leadership Experience (GSLE) elements in the travel program.
___ We have attached a detailed description of our overnight trip.
___ We have attached a detailed budget for the event.

Adult in Charge: _____
Name Position Email

Mailing/Physical Address City State ZIP Code Phone #

Other adults accompanying the girls (*attach additional sheet if necessary*):

- ☐ **All of the adults involved in this trip are "approved" volunteers** (registered members of the current Girl Scout membership year who have an approved criminal background check on file).

Emergency contact staying in town during the trip is _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

OVER

Form of Transportation: _____

Adults driving on this trip, if applicable:

		Copy of driver's License Attached	Copy of Vehicle Insurance Attached
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Name	Make & Model of Car		
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Name	Make & Model of Car		
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Name	Make & Model of Car		

Safety Checklist:

Our First-Aid/CPR Volunteer is: _____

(Attach a copy of the current First Aid/CPR Certification Card for your First-Aid/CPR Volunteer and any additional safety certifications required for your trip based on Safety Checkpoints.)

- ☐ We will have a First-Aid kit on hand.
- ☐ We have made/will make alternate plans should weather or illness during the trip be an issue.
- ☐ If the troop will be around a body of water a lifeguard is required. I have consulted **Safety Activity Checkpoints** to ensure the lifeguard has the proper certification for the body of water the troop will be around.
- ☐ Attach a copy of the lifeguard certification, if applicable
Name of the Lifeguard : _____
- ☐ All adults participating in the trip are familiar with and will abide by the safety information provided in **Volunteer Essentials**
- ☐ If any **Safety Activity Checkpoints** apply to your trip, list the checkpoints and the additional safety requirements you will adhere to _____, _____,
_____, _____, _____

Paperwork Checklist:

- ☐ I have obtained/will obtain signed "Permission for Special Activities" forms for each girl participant.
- ☐ If the trip is longer than 2 nights, I have attached a Trip Itinerary.
- ☐ Attach a roster of girls attending the overnight trip.

Training Checklist:

- ☐ At least one of the adults on this trip has completed **401 Planning Overnight Trips with Girls**.
- ☐ If we are troop camping, at least one of the adults has completed **402 Outdoor Basics** and **403 Troop Camp Skills** or met the competency requirements.

Approvals

Troop Leader Name: _____	Council Approval Name: _____
Signature: _____	Council Approval Signature: _____
Date: _____	Approval Date: _____

Submit this completed form customercare@girlscouts-ssc.org or mail to GirlScouts of Silver Sage, 8948 W Barnes St, Boise, ID 83709