

INTENT TO TRAVEL: REQUIRED FOR DAY TRIPS 100+ MILES OR OVERNIGHT & EXTENDED TRIPS

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: This form must be received by Council's Customer Care at least <u>4 WEEKS</u> prior to your domestic travel (day-trips or overnight) to allow enough time for data verification and approval.

We reserve the right to refuse approval, if not received <u>4 WEEKS</u> in advance. <u>If travel is denied</u>, either because submission was not timely or documentation was missing, <u>troop funds or girls'</u> <u>Program Credits cannot be used for the travel</u>.

If your overnight trip is a non-Idaho domestic or an international trip, all documents must be received by Council's Customer Care at least <u>3 MONTHS</u> prior to the planned trip to allow sufficient time for data verification and approval.

Girl Scouts are not allowed to travel to international locations rated "Level 4: Do Not Travel" by the <u>United States Department of State</u>, as outlined in the Safety Activity Checkpoints.

Troop #:	SU #:								
Program level (Check all tha	at apply): 🗆 Da	isies 🗆 Brow	nies 🗆 Jui	niors 🗆 Cadettes 🗆 Se	eniors/Ambassadors			
□ DAY TRIP (100+ miles) □ OVERNIGHT TRIP □ EXTENDED TRIP (more than 3 nights)									
Destination (Include Address):									
If applicable: L	odging Type:	□Campsite	□Air	Bnb/VRB0	D/HomeAway	□Hotel/Motel			
Date of Depart	ure:		Date of Ret	urn:					
Number of Registered Girls Attending:									
Number of Registered Adults* Attending: *Any adult attending a day trip or any overnight trip MUST be a registered member of Girl Scouts of the USA and have an eligible background check with GSSSC.									
Adult in Charge	e on the trip:								
	Name		Troop Position	1	Email				
Address	City		State	ZIP Code	Phone #				
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Send this completed form to Customer Care for review and final travel approval. Email <u>Customercare@girlscouts-ssc.org</u> or mail to Girl Scouts of Silver Sage, 8948 W Barnes St, Boise, ID 83709

Other adults accompar	ying the girls (attach additional	sheet if necessary):				
Mode of transportation	:					
Adults driving on this trip, if applicable		Copy of driver's License Attached □	Copy of auto Insurance Attached			
Name	Make & Model of Car		_			
Name	Make & Model of Car					
Name	Make & Model of Car					
-						
Emergency contact sta	ying in town during the trip is: _					
Relationship to the Em	ergency Contact:					
Home Phone:	Work Phone:	Cell Phone	e:			
Safety Checklist:						
Our First Aid & CPR Certified adult is:						
☐ The First Aid & CPI	R Certification is current for the	duration of the trip				
☐ We will have a Firs	t-Aid kit on hand.					
\square We have made/will make alternate plans should the weather be an issue.						
☐ If the troop shall be certification.	e in a body of water a lifeguard i	s required. Attach a copy	of the lifeguard			
☐ If any Safety Activity Checkpoints apply to your trip, list the checkpoints and the additional safety requirements you will adhere to.						
Paperwork Checkl	ist:					
	l obtain signed Permission for	_	for each girl participant			
	rip Itinerary for any overnight	_				
	oster of girls attending the day,					
☐ I will be using Prog	ram Credits for Council ONLY p	property fees. (Budget mu	st be provided)			
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Tr	aining Checklist:						
	Overnight or extended trips only: At least one of the adults on this trip has completed 401 Planning Overnight Trips with Girls – Adult Name:						
	If we are troop camping, at least one of the adults on this trip has completed 402 Outdoor Basics and 403 Troop Camp Skills or met the competency requirements. Adult Name (402): Adult Name (403):						
In	tent to Use Program Credits – This is for Cadettes, Seniors, and Ambassador Troops ONLY						
	We engaged girls in the program travel planning and budgeting.						
	We incorporated the Girl Scout Leadership Experience elements in the travel program.						
	We have attached a detailed description of our day or overnight trip.						
	We have attached a detailed budget for the event.						
thi pla res spe	idelines, including Safety Activity Checkpoints for the activities outlined in this plan. Approval of is Intent to Travel is based solely on the information provided in the submitted documentation. If ans change or new activities are added that fall outside the scope of the original itinerary, the troop is sponsible for ensuring that those updates align with Girl Scouts safety standards. Council approval is ecific to the original submission and does not extend to unreviewed changes.						
Sig	gnatures:						
Nar	ne of Person in charge of travel Signature of Person in charge of travel Date signed						
<u>co</u>	UNCIL USE ONLY						
Da	te Received:						
No	tes:						
Co	uncil Approver Name: Date:						
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