Girl Scouts of Rhode Island, Inc. Revised 6/11

Troop/Group Intent to Travel Form

**The Intent to Travel form must be filed for any day trip that exceeds GSRI distance standards or any trip that involves an overnight (except for GSRI Troop Camping)

**Please be sure to follow the time-lines for approval outlined in the <u>Volunteer and Troop</u> <u>Essentials Manual.</u>

- 1. The leader must first read the Troop Trip pages in the <u>Volunteer and Troop Essentials Manual</u> and Safety Activity Checkpoints (both on <u>www.gsri.org</u>), and then discuss the troop's proposed plans with the program coordinator.
- 2. Complete both sides of this form and return it to your Service Unit Manager. S/he and your area Field Director share the responsibility of providing council approval for trips.
- 3. Once approved, the form will be forwarded by your SUM to council. Council will then notify the leader as to the action taken.

Service Unit:	Troop/Group #:
Age-level: ☐ Daisy ☐ Brownies ☐ Juniors ☐ C	Cadette Senior Ambassador
Leader's Name:	Phone #:
Address:	
Date leader completed:	
☐Troop Trips II Training: (for all	troop leaders going on 1-3 night trips)
Advanced Trips (for Cadette 7+ night trips).	, Senior and Ambassador troop leaders going on 3 -
Type of trip: ☐ Camping ☐ Educational	Other
# of Girls: # of Adults: Departure	re Date: Return Date:
Furthest destination of trip:	
Major stops en route:	
Please explain the tie-in of the trip to program action	ctivities.
List prior camp and travel experiences:	

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3. Transportation

PART II – To be completed by Service Unit Manager and Field Director We have reviewed and discussed the proposed trip plans of Troop/Group:, and recommend: Intent to travel is _ approved _ not approved If a special money-earning project is involved, we _ approve _ do not approve the Application for Troop/group Money Earning Project. If troop/group camping is involved, we _ approve _ do not approve the Troop/Group Camp Application. If approved, any special recommendations: If not approved, reasons and recommendations: Signature of Service Unit Manager: Date:	3. Transportation	
passengers in the event that an accident occurs and legal suit results? (**RI law requires**575,000 coverage for individual cars; **MA law requires**52,0003-40,000. GSRI suggests coverage beyond these minimums.) If using a bus, please check that the company has a certificate of insurance, please see **Volunteer and **Troop Essentials Manual and/or consult your Field Director.** 4. *Accommodations: Do they meet Girl Scout Health and Safety standards?	☐ Chartered ☐ Bus ☐ Train ☐ Publi	c ☐ Private Car ☐ Plane ☐ Other
Accommodations: Do they meet Girl Scout Health and Safety standards?	passengers in the event that an accident occurs a individual cars; <i>MA law requires</i> \$20,000/\$40,000	nd legal suit results? (<i>RI law requires</i> \$75,000 coverage for b. GSRI suggests coverage beyond these minimums.) If using a
4. Accommodations: Do they meet Girl Scout Health and Safety standards?	**For information about council insural and/or co	nce, please see <u>Volunteer and Troop Essentials Manual</u> nsult vour Field Director.**
Name:		•
Address:	Type: ☐ Camp/Campground ☐ M	flotel/Hotel
5. If the trip involves off-trail camping and/or backpacking, the Outdoor Program Specialist must sign off that training and preparation meet GSRI standards	Name:	Phone #:
Sign off that training and preparation meet GSRI standards	Address:	
Cost will be met by (estimated): Troop/Group Treasury Cookie Sale Profit Other council sponsored product sale * Special troop/group money earning Amount brought from home (total) TOTAL * TOTAL * Money Earning Project is needed to help finance this trip, Application for Troop/Group Money Earning Project should accompany this form. Leader's Signature: Date: PART II — To be completed by Service Unit Manager and Field Director We have reviewed and discussed the proposed trip plans of Troop/Group: Intent to travel is □ approved If a special money-earning project is involved, we □ approve □ do not approve the Application for Troop/group Money Earning Project. If troop/group camping is involved, we □ approve □ do not approve the Troop/Group Camp Application. If approved, any special recommendations: If not approved, reasons and recommendations: Signature of Service Unit Manager: Date: D		
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Signature of Service Unit Manager: Date:	If approved, any special recommendations:	
	If not approved, reasons and recommendations:	
Signature of Field Director:	Signature of Service Unit Manager:	Date:
Organical of a folia billiotion Date	Signature of Field Director:	Date:

T/Everyone/Program & Training/2011 Revised Forms for Distribution