



Girl Scouts of Southeastern New England

Troop/Group Intent to Travel Form

This form must be filed for any day trip that exceeds GSSNE distance standards or any trip that involves an overnight (except for GSSNE Troop Camping). Please be sure to follow the timelines for approval outlined in the GSSNE Policies, Procedures and Standards Manual at www.gssne.org.

1. The leader must first read the Troop Trip pages in the *GSSNE Policies, Procedures and Standards Manual* and *Safety Activity Checkpoints* for Trip/Travel and/or Trip/Travel Camping (both on www.gssne.org), 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.
3. Once approved, the form will be forwarded by your Service Unit Manager (SUM) to council. The SUM and the Council's Program Manager share the responsibility of providing council approval for trips. Council will then notify the leader as to the action taken.

PART I – To be completed by Troop Leader

Service Unit: _____ Troop/Group #: _____

Age-level: Daisy Brownies Juniors Cadette Senior Ambassador

Leader's Name: _____ Phone #: _____

Address: _____

Email Address: _____

Date leader completed:

Troop Trips II Training: _____ (for all troop leaders going on 1-3 night trips)

Advanced Trips _____ (for older girl troop leaders going on 3-7+ night trips)

Type of trip: Camping Educational Other _____

of Girls: _____ # of Adults: _____ Departure Date: _____ Return Date: _____

Furthest destination of trip: _____

Major stops en route: _____

1. Please explain the tie-in of the trip to program activities:

2. List prior camp and travel experiences:

3. Transportation

Chartered Bus Train Public Private Car Plane Other _____

Please check that the drivers have a current license, meet the minimum insurance coverage by law (**RI law requires** \$75,000 coverage for individual cars; **MA law requires** \$20,000/\$40,000. **GSSNE suggests** coverage beyond these minimums).

Please list all drivers for the trip

Name: _____	Driving Record Request form submitted?	Y	N
Name: _____	Driving Record Request form submitted?	Y	N
Name: _____	Driving Record Request form submitted?	Y	N

4. Insurance

If using a bus, please check that the company has a certificate of insurance on file with the council office and you have filed a Rental Request Form. Yes No

For information about council **insurance**, please see the *GSSNE Policies, Procedures and Standards Manual* and/or consult the Program Manager.

5. **Accommodations:** Do they meet the standards outlined in the Safety Activity Checkpoints for Trip/Travel and/or Trip/ Travel Camping? Yes No

Name of Site: _____ Phone #: _____

Address: _____

6. If the trip involves off-trail camping and/or backpacking, the Outdoor Program Specialist must sign off that training and preparation meet GSSNE standards. _____.

7. **Estimated Cost of Trip:** \$ _____

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	\$ _____

**If a special 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 Council Program Manager

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: _____

Signature of Program Manager: _____ Date: _____
