



Trip and Travel Application

For Office Use Only
Date Received:
Date Approved:

Trip information (Check one of the following)

- Day Trip - non-council site and/or activity that presents potential for injury. Application should be submitted a minimum of two (2) weeks prior to the day trip.
Trip - 1-2 nights. Application should be submitted a minimum of four (4) weeks prior to the trip.
Travel - 3 nights or more. Application showing initial intent must be submitted a minimum of four (4) months prior to your travels with final approval needed at least two (2) months prior to your travels.
International. Application showing initial intent must be submitted a minimum of two (2) years prior to your international travel with final approval needed at least six (6) months prior to your international travels.

Section I: Troop Information

Service Unit/VISTA/Association # 5-Digit Troop #

Grade Level D BR JR C S AMB # of girls # of adults

Volunteer Name

Address

City/State/Zip Code

Daytime Phone Evening Phone

E-mail Address

Name and phone # of troop emergency contact

Name and phone # of first aider

Date training completed First Aider must submit current training verification to SUVA Designee.

Name and phone # of camp trained adult

Date training completed Trained adult must submit current training verification to SUVA Designee.

Does Safety-Wise require additional or specific certifications for planned activities? Yes No

If you checked yes, provide the following:

Certification Expiration Name

Certification Expiration Name

Does your trip require the use of personal vehicles for transportation? Yes No

If you checked yes, provide the following:

- 1. Driver's Name Driver's License # Insurance Carrier Policy # License Plate #
2. Driver's Name Driver's License # Insurance Carrier Policy # License Plate #
3. Driver's Name Driver's License # Insurance Carrier Policy # License Plate #

## Section II: Approval for Day Trips Involving Unusual / High Risk Activities

Complete and submit for SUVA designee approval.

This must be submitted a minimum of **two (2) weeks prior to trip**. Signature required under Leader Agreement.

	FIRST TRIP	SECOND TRIP	THIRD TRIP
<b>Trip destination, address, and phone number</b>			
<b>Trip date and purpose</b>			
<b>Method of transportation</b>			

## Section III: Approval for Overnight Trips and Travel

All information should be filled out and application submitted according to the time parameters as found in the Trip and Travel Overview. All appropriate information needs to be provided in order to process the trip/travel request.

	PLEASE FILL IN ALL INFORMATION BELOW
<b>Trip destination, address, and phone number</b>	
<b>Trip dates</b>	Start: _____ Return: _____
<b>Type of accommodations</b>	<input type="checkbox"/> Cabin/Platform Tents <input type="checkbox"/> Ground Tents <input type="checkbox"/> Lodge/Hostel
<b>Method of transportation</b>	<input type="checkbox"/> Private Car <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Plane <input type="checkbox"/> Lease Vehicle
<b>Purpose of trip</b>	
<b>Activities planned during trip</b>	
<b>Additional Girl Scout insurance requirements?</b>	

### Leader Agreement

The leaders, girls, and their parents/guardians in our troop have agreed to plan for the trip(s) listed on the previous page and/or above. I/We have read the requirements related to trips, travel, and activities planned during our trip and agree to abide by Girl Scouts of Greater Chicago and Northwest Indiana and GSUSA policies and safety standards. Parent/Guardian Permission Slips and appropriate Health History Forms will be in place prior to the start of the trip. I/We will provide the SUVA Manager or designee with a detailed itinerary for extended trips at least two weeks prior to departure.

\_\_\_\_\_  
Signature of Leader(s)

\_\_\_\_\_  
Date

### SUVA Manager or Designee Authorization and Agreement

I have reviewed the plans for the troop trip and, based on the information available to me, give my authorization for the trip.

\*Additional comments:

_____ <b>Signature of SUVA Manager or Designee</b> Forward to:	_____ <b>Date</b>
_____ <b>Signature of Membership Specialist</b>	_____ <b>Date</b>

**Applicant will be notified when form has been reviewed.**