

## **Girl Scouts of Middle Tennessee**

Int	ent to T	ravel A	pplication	1			
Date Received:			Date Final Due:				
Complete this form for any trip of Tennessee's jurisdiction (refer to Acceptance of this form does no supplied by you is subject to characteristics).	www.gsmidt t constitute a ange and will	n.org > Sea approval of	arch "Intent to Ti your trip. It is ur	ravel Map"). nderstood th	nat the ir	nformation	
Girl Scouts provides a travel supplement upon receipt of this form an Safety Activity Checkpoints mus (Appendix: For Travel Volunteers)	port system to d with final to t be followed	ravel appro in any Gir	val. Girl Scout's	Policies and	Proced	ures and	
STEP 1: Begin planning your trip planning process. STEP 2: While still in the planning for trips more than trips lasting in STEP 3: Have the girls help in constep 4: You will receive pre-approaching travel arrangements. You	g stage, <b>sub</b> nore than two ompleting this proval soon a	mit this fo o nights. s form. fter receipt	rm three month of this form and	s in advance	ce of the	e trip date	
TROOP/ GROUP, ADULT PART	TICIPANTS A	AND TRIP	INFORMATION				
Troop #: Service	e unit #:		Service unit ma	nager:			
Age Level (circle all that apply):	Brownie	Junior	Cadette	Senior	Amba	assador	
Trip leader's name:			Daytime ph	none: (	)		
Mailing address:		Apt#	City		State	Zip	

Note: Tagalongs (such as siblings) are not permitted and will not be covered under Girl Scout insurance. Please refer to Volunteer Essentials for your girl/adult ratios. Note that family trips and/or high number of adults are not permitted. All trip participants MUST be a registered Girl Scout.

Registered adults:

E-mail:

Indicate the number participants in each category:

Registered troop girls:\_\_\_\_\_

Complete this initial roster and check the appropriate box (Girl Scouts of Middle Tennessee realizes that the final roster submitted may vary from the roster below):

	Name	Girl	Adult
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
	*If you need additional space, please attach a new she	et of paper.*	
	os lasting three nights or more, insurance coverage must be purd your trip is approved, you will be contacted to purchase insuranc		e entire trip.
Trip De	estination(s):		
Trip Da	ate(s):		
CONT	RACTS		
-	ur troop be coordinating any contracts involving money? Ye please submit a copy of the contracts for Girl Scouts of Middle Te		No eep.
TRAIN	ING: Check the appropriate training the adults participating w	ith this trip	have taken:
□ GS1	01 ☐ Youth Protection ☐ First Aid/CPR ☐ Camp Prep ☐	Camp Ready	,
□ Carr	np Information and Procedures □ Outdoor Skills		
Name o	of Volunteer(s) with the trainings listed above:		
List oth	ner relevant training you have taken:		
What is	s the Girl Scout troop's past travel/overnight experience?		

## **ABOUT YOUR TRIP**

A Girl Scout trip is a learning experience. If a parent per girl is planning on participating, re-evaluate your girls' readiness. They may not be prepared for an extended trip. Note that family trips and/or high number of adults may not permitted.

What is the purpose of this trip? How does it fit into Girl Scout Program?

How have the girls been involved in planning this trip?

How does this trip fit into on-going troop programs?

How will the Girl Scout troop finance the trip? (Troops must submit the Permission to Conduct a Money Earning Project form for any money-earning projects other than Fall Product and Cookie programs.)

## SIGNATURE AUTHORIZATION

I agree to follow all guidelines and complete all final paperwork for this trip and related activities.

Trip leader's signature: Date: \_\_\_\_\_

Date: \_\_\_\_ Girl representative signature:

## SUBMISSION INSTRUCTIONS



Girl Scouts of Middle Tennessee

Attn: Troop Travel 4522 Granny White Pike Nashville, TN 37204



Fax to: 615-460-0255



Email to: volunteerresources@gsmidtn.org

Don't forget to keep a copy for your files!