

Please submit this packet **at least** 90 days prior to your departure. This packet is to be used by troop leaders to submit to council and notify the service unit manager of trip/travel plans that meet one or both of the following conditions:

- Your trip lasts three nights or more
- You travel for any time period over 100 miles outside of Girl Scouts of Middle Tennessee's jurisdiction (map shown below), this includes outside of the continental United States

Acceptance of this form does not constitute approval of your trip. It is understood that the information supplied by you is subject to change and will be updated throughout the course of planning.

Submission Instructions

Send via Mail: Girl Scouts of Middle Tennessee
attn: Troop Travel
4522 Granny White Pike, Nashville TN 37204

or Email: VolunteerResources@gsmidtn.org
Phone/Fax: (615) 460-0252

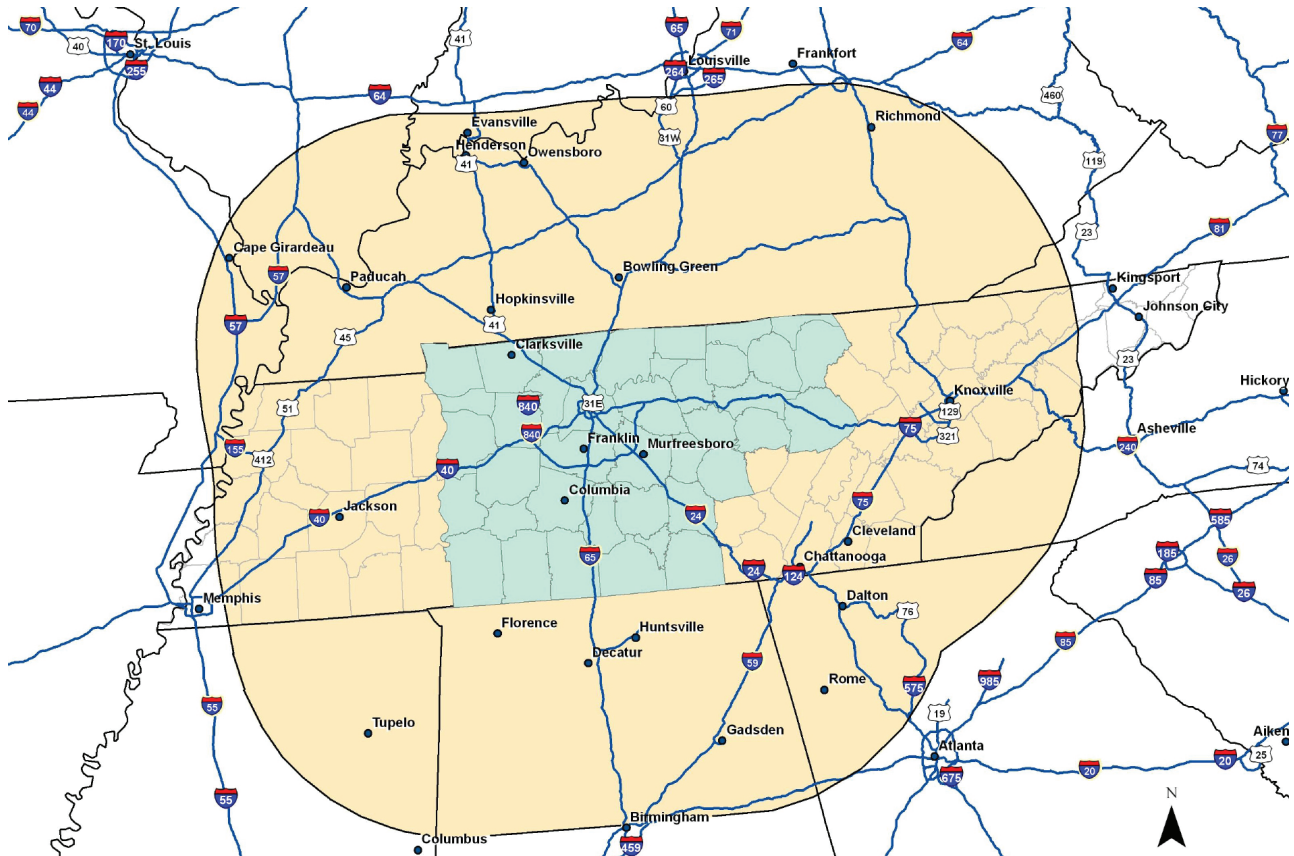
**Don't forget to
save a copy for
your files!**

Trip/Travel Instructions and Guidelines

Girl Scouts of Middle Tennessee provides a travel support system that includes specialized support and a planning packet (sent upon request). GSMIDTN's Policies and Procedures, *Volunteer Essentials*, and *Safety Activity Checkpoints* must be followed in any Girl Scout activity.

- STEP 1:** Begin planning your trip. Girl Scout planning and parent/guardian support are important parts of the early planning process.
- STEP 2:** While still in the planning stage, submit this form three months in advance of the trip date.
- STEP 3:** Have your troop members help in completing this form. A girl representative will need to sign off on this document to ensure troop funds are used in the way the troop members have decided.
- STEP 4:** You will receive pre-approval soon after receipt of this form and the troop may then begin making travel arrangements. You may be contacted should any concerns arise.

Intent to Travel Map (100 miles outside the GSMIDTN jurisdiction*)



* Area in green notes Girl Scouts of Middle Tennessee's jurisdiction. Area in yellow notes the 100 mile radius. This packet is for any travel, for any length of time outside of the yellow and green areas and/or for any trip lasting three nights or longer, including trips inside GSMIDTN's jurisdiction and 100 mile radius.

Leader Information

Service Unit Number: _____ Troop Number: _____ Girl Scout Grade Level: _____
Leader Name: _____ Email: _____
Address (Street, Apt. #): _____ City: _____ State: _____ Zip: _____
Daytime Phone: (_____) _____ Evening Phone: (_____) _____

Trip/Travel Information *(Please check all that apply.)*

☐ Day Trip Outside GSMIDTN Jurisdiction ☐ Overnight Trip Less Than Three Nights Outside GSMIDTN Jurisdiction
☐ Overnight Trip Three or More Nights Inside/Outside GSMIDTN Jurisdiction ☐ International Trip
_____ Girls + _____ Adults = _____ Total Attending

Activity Information

Destination Name: _____
Destination Address (Street, Apt. #): _____ City: _____ State: _____ Zip: _____
Departure Date: _____ Return Date: _____
☐ Extended trip insurance purchased *For trips lasting three nights or more, insurance coverage must be purchased for the entire trip. Once your trip is approved, you will be contacted to purchase insurance.*

Trip/Travel Arrangements *(Please check all that apply.)*

☐ Car ☐ Bus ☐ Other _____

About Your Trip/Travel

A Girl Scout trip is a learning experience. If a parent/guardian per Girl Scout is planning on participating, re-evaluate your Girl Scout's readiness. They may not be prepared for an extended trip. Note that family trips and/or high number of adults may not be permitted. Please consult the *Volunteer to Girl Scout Safety Ratio* for appropriate numbers of volunteers.

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

• How have the Girl Scouts 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.)*

• What is the Girl Scout troop's past travel/overnight experience?

Trip/Travel Roster (Please complete the initial roster below. Attach an additional sheet if needed.)

The final roster may vary from the roster below. **Adjustments to rosters may be made no later than 60 days prior to trip start date.**

Name	Girl	Adult
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Note: Tagalongs (such as siblings) are not permitted to travel with the troop and will not be covered under Girl Scout insurance. Please refer to Volunteer Essentials for your Volunteer to Girl Scouts safety ratios. Note that family trips and/or high number of adults are not permitted. All trip participants **MUST** be GSMIDTN-registered adults and have a completed background check on file with us.

Back Home Emergency Contact

This person must have copies of your participant list with emergency contact information & trip itinerary and must be available by phone during the entire trip or activity. **Adults on the trip may NOT be their own or their child's back home emergency contact.**

Name: _____ Daytime Phone: (____) _____

Trip/Travel Information (*Refer to the chart below to determine trip/travel requirements.*)

Type of Trip	Training	First Aid/CPR	Additional Insurance
Day Trip inside GSMIDTN Jurisdiction	Youth Protection	Required	NO
Day Trip Outside GSMIDTN Jurisdiction	Youth Protection	Required	YES
GSMIDTN Sponsored Day Trip	Youth Protection	Required	NO
Overnight at Indoor Facility (Not A Camp) <i>with electricity, water, bathrooms, and no fires</i>	Youth Protection, Day Use Only	Required	3 nights or more
Overnight at a GSMIDTN Camp or Like Property	Youth Protection and Camping Skills 1 & 2	Required	3 nights or more
GSMIDTN Sponsored Overnights	Youth Protection & Day Use	Required	3 nights or more
Service Unit Camping at GSMIDTN Camp or Like Property	Youth Protection and Camping Skills	Required	3 nights or more

Adult Training/Certification Checklist (*For more information, please refer to gsmidtn.org/volunteer/adult-training/*)

Title of Training/Certification	Name of Volunteer	Date Completed
Youth Protection		
Day Use Only Training		
First Aid/CPR/AED		
Camping Skills 1 & 2		

Signature Authorization

I verify that our troop is covered by ALL required training for this trip or activity. I will obtain Health History & Permission Forms for each Girl Scouts and adult attending. I have read the sections of *Safety Activity Checkpoints* and *GSMIDTN Volunteer Essentials* that apply to my activity or trip. I agree to follow all guidelines and complete all final paperwork for this trip and related activities.

Leader Signature: _____ Date: _____

Girl Representative Signature: _____ Date: _____