

# Troop Travel Form

Required for all trips, troop camping, and overnights.

**Please indicate travel category below:**

- Category 1 - trips taken inside or outside the council jurisdiction and two nights or less in length  
**(Return form to Membership Manager 10 days prior to trip)**
- Category 2 - trips outside the council jurisdiction and three or more nights in length  
**(Return form to Membership Manager 1 month prior to trip)**
- Category 3 - international trips  
**(Return form to Membership Manager 2 months prior to trip)**

For trips longer than 2 nights, additional insurance is required and needs to be purchased through the council. Please see the *Additional Insurance Request Form* for more information.

**Please fill out all applicable sections completely for proper travel approval.**

**Troop Information**

Service Unit: _____		Grade Level: _____		Troop #: _____	
Leader/Trip Coordinator: _____			E-mail: _____		
Address: _____		City: _____		State: _____	Zip: _____
Phone: (H) _____		(W) _____		Cell _____	

**Travel Dates/Times**

Departing on: Day of week _____		Date _____		at (time) _____		<input type="checkbox"/> AM or <input type="checkbox"/> PM	
Departing from: Name of location/Street Address _____						City _____	State _____
Returning on: Day of week _____		Date _____		at (time) _____		<input type="checkbox"/> AM or <input type="checkbox"/> PM	
Returning to: Name of location/Street Address _____						City _____	State _____

**Primary Geographic Destination**

Name of Destination: _____		Purpose of Trip: _____			
City _____			State _____		
Type of Facilities	<input type="checkbox"/> Council Property	<input type="checkbox"/> State Park	<input type="checkbox"/> National Park	<input type="checkbox"/> Museum	<input type="checkbox"/> Aquarium
(check all that apply)	<input type="checkbox"/> Horses	<input type="checkbox"/> Recreation	<input type="checkbox"/> Water/Swim	<input type="checkbox"/> Zoo	<input type="checkbox"/> Skating
	<input type="checkbox"/> Bowling	<input type="checkbox"/> Movies	<input type="checkbox"/> Theme Park	<input type="checkbox"/> Other _____	

**\*Note: Please attach an itinerary if going to multiple locations.**

**Number of Participants**

	Youth (under age 18)		Adult (over age 18)		Total
	Female	Male	Female	Male	
Registered with your troop					
NOT registered with your troop					

**Emergency Contact Person (who will not be on the trip)**

Name _____		Relation to troop _____			
Address: _____		City: _____		State: _____	Zip: _____
Phone: (H) _____		(W) _____		Cell _____	

[www.girlscoutshs.org](http://www.girlscoutshs.org)

**Columbus, MS:** 321 7<sup>th</sup> St. North, Columbus, MS 39701 | mail: P.O. Box 2492, Columbus, MS 39704 | p: 662.328.1930 | f: 662.327.1806  
**Corinth, MS:** 1901-C S. Harper Rd., Corinth, MS 38834 | mail: P.O. Box 1145, Corinth, MS 38835 | p: 622.287.8321 | f: 662.286.8142  
**Grenada, MS:** 2430 Sunset Dr., Ste. D, Grenada, MS 38901 | p: 662.570.6060 | f: 662.226.0258  
**Jackson, TN:** 1007 Old Humboldt Rd., Jackson, TN 38305 | p: 731.668.1122 | f: 731.661.0011  
**Memphis, TN:** 717 S. White Station Rd., Ste. 2, Memphis, TN 38137 | mail: P.O. Box 240246, Memphis, TN 38124-0246 | p: 901.767.1440 | f: 901.797.2183  
**Tupelo, MS:** 1800 W. Main St., Tupelo, MS 38801 | mail: P.O. Box 1087, Tupelo, MS 38802 | p: 662.350.6043 | f: 662.840.1671

## Sleeping Accommodations

Name of Facility \_\_\_\_\_ Dates Used \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 On Site Phone \_\_\_\_\_ On Site Contact \_\_\_\_\_  
 Type of Lodging (please check one)  Tent  Home  Cabin/Lodge  Hotel/Motel  
 Other \_\_\_\_\_  
**Note: Per GSUSA policy, separate sleeping quarters and bathroom facilities must be provided for any males in attendance.**

## Type of Transportation and Driver Information.

All drivers must fill out a *Driver and Vehicle Information Form* and provide proof of insurance along with a copy of driver's license.

Privately Owned Vehicles (Please list the number of each type to be used.)  Automobile  Bus

Driver(s) Name	Attached copy of license and current insurance	Filled out Driver and Vehicle Info	Registered Girl Scout
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Leased/Rented Vehicles (Please list the number of each type to be used.)

Automobile  Bus  
 Other (give full description of the vehicle) \_\_\_\_\_  
 \*Leased/rented from \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Note: Leased/rented vehicle contracts must be signed by GSHS CEO before departure, please allow at least 2 weeks to process.**

## Trained Adults with Troop (Insert date trained. Specify "Other" skills.)

At least one certified First Aider (trained in CPR and First Aid) and a first aid kit **must** be present at all times during trip.

Person with Certified Training	*First Aid Date Completed	*CPR Date Completed	**Event Camp License (ECL)	**Troop Camp License (TCL)	Advance Backpacking License (ABL)	Archery	Small Craft Safety	Life Guard	Other

\*Required for any troop trip

\*\*Required for any outdoor camping such as troop camping, a camporee, or council event camping. See travel guidelines for more information.

## Consultants or Resource Personnel at Utilized Facilities (Specify "Other Skills" needed or utilized)

Facility Name	Consultant's Name (if known)	Outdoor Skills	First Aid	Life Guard	Small Craft	Other Skills
<i>Ex: Smoky Bear Park</i>	<i>Jim James</i>		Yes		Yes	<i>Archery</i>

## Other Organizations/Groups Involved or in Attendance

Name of Organization	# Girls	# Boys	# Adults	Total

## For Council Use Only

Date Received \_\_\_\_\_ Received By \_\_\_\_\_  
 Participant's List Complete?  Yes  No Contracts/Leases # \_\_\_\_\_ Y \_\_\_\_\_ A  
 Troop Trip Itinerary Complete?  Yes  No Male Participants # \_\_\_\_\_ Y \_\_\_\_\_ A  
 Girl Scout Additional Insurance Application Filed/Paid (if applicable)  Yes (Date Sent to Mutual of Omaha \_\_\_\_\_)  No  
 Confirmation of Approval or Denial sent by: \_\_\_\_\_ Date \_\_\_\_\_  
 Notes:

## Troop Trip Participant Information

Please print

	Participant Name	Youth or Adult	Male or Female	Registered Girl Scout Yes or No	Emergency Contact Name	Phone # with Area Code	Relationship to Participant
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

### Wireless Telephone Numbers on trip

Name of Adult with phone _____	Number with Area Code _____
Name of Adult with phone _____	Number with Area Code _____

**Copy and use additional pages if necessary.**