



Girl Scouts of the Missouri Heartland, Inc. Troop Travel Application

Check travel guidelines and procedures in the Troop Travel Appendix of the Volunteer Resources CD prior to planning troop travel or submitting a Troop Travel Application. This form should be completed 4 weeks in advance of your departure date and submitted to the appropriate person(s) for approval. Upon approval, a travel permit will be sent to you.

Complete this form to obtain Service Unit Manager approval if any of the following apply:

1. Day trip is greater than 50 miles.
2. Event is a simple overnight trip.

Complete this form to obtain Service Unit Manager AND council approvals if any of the following apply:

1. Trip is greater than 100 miles out of council boundaries.
2. Travel participants will be away from home 3 or more overnights.
3. Trip is International.

Troop Information

5-Digit Troop Number _____ Service Unit Number _____ County _____

Age Level: Daisy (K-1st) Brownie (2nd-3rd) Junior (4th-5th) Cadette (6th-8th) Senior (9th-10th) Ambassador (11th-12th)

Leader's Name _____ Address _____

City _____ State _____ Zip _____ Day Phone _____

Evening Phone _____ E-Mail _____

Trip Coordinator's Name _____ Address _____

City _____ State _____ Zip _____ Day Phone _____

Evening Phone _____ E-Mail _____

Trip Details

Trip Destination(s) _____

Departure Date _____ Return Date _____

Lodging _____ Telephone _____

Lodging Address _____

Transportation: Private Vehicle Leased Vehicle Van Train Ship
 Plane Chartered Bus Other _____

Driver's Name _____ Insurance Name & Expiration _____

Driver's Name _____ Insurance Name & Expiration _____

Names of Girls Traveling _____

Names of Adults Traveling _____

CPR/First Aid Certification

Troop/group must have person(s) with current certification in First Aid and CPR for all travel.

Name of certified person _____ Phone _____

Address _____ City _____ State _____ ZIP _____

Date of First Aid Certification _____ Date of CPR Certification _____

Required for all Trips: Emergency Contact Person at Home

Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Camping Information

This section must be completed when your trip includes camping.

Basic Outdoor Skills (BOS) Training is required for backyard camping or for one night of camping at a Girl Scouts of the Missouri Heartland (GSMH) program center/property in a cabin.

Basic Troop Camping (BTC) Training is required for multiple nights of camping, tent camping at a GSMH program center/property, and camping for any length of time at a property not owned by GSMH.

Name of Campground _____ Number of Nights _____

Is campsite a Girl Scouts of the Missouri Heartland program center or property? Yes No

Name of Person Trained in BOS _____ Date Trained _____

Name of Person Trained in BTC _____ Date Trained _____

Leader Acknowledgement

I have read the Travel Appendix of the Volunteer Resources CD and will follow Girl Scouts of the USA and Girl Scouts of the Missouri Heartland policies. I have attached an itinerary/agenda for my troop's trip, as well as any additional documentation required, as outlined on the Troop Travel Procedures.

Leader Signature _____ Date _____

Troop Travel Forms are due at least 4 weeks prior to travel dates. Submit the form to your volunteer Service Team Manager first, and then to a council Leadership & Learning Specialist if your trip is greater than 100 miles, lasting 3 or more overnights, and/or international.

For Service Team Manager & Council Use Only	
Service Team Manger (for all travel applications)	
<input type="checkbox"/> I have reviewed this request and approve this activity.	<input type="checkbox"/> I have reviewed this request and do not approve this activity for the following reasons: _____
Service Team Manager Signature _____ Date _____	
Council (for trips that are greater than 100 miles, lasting 3 or more overnights, and/or international)	
<input type="checkbox"/> I have reviewed this request and approve this activity.	<input type="checkbox"/> I have reviewed this request and do not approve this activity for the following reasons: _____
Leadership & Learning Specialist Signature _____ Date _____	

