



Worcester Leadership Center
115 Century Drive, Worcester, MA 01606

Holyoke Leadership Center
301 Kelly Way, Holyoke, MA 01040
Fax 413-536-1383

Extended Trip/Travel Form

Submit to your Membership Services Specialist

Trips 3-4 nights: Submit 4 months in advance

Trips 5+ nights or international: Submit one year in advance

Trips 2 nights or less: Submit Activity and Travel Form 4 weeks in advance

Troop/Group Information

Troop #: _____ Service Unit: _____

Person Completing Form: _____

Phone: _____ E-mail: _____

Program Level:

Junior Senior

Cadette Ambassador

Activity and Travel Information

Destination: _____

Destination Address: _____ Phone: _____

Date of Trip: _____ Departure Time: _____ Return Time: _____

Adult Leading Activity (if different than above): _____

_____ (initial) I have checked *Volunteer Essentials* and the *Safety Activity Checkpoints* and this trip meets all requirements.

_____ (initial) A Registered and CORI'd Girl Scout volunteer, who has completed appropriate training, is leading the girls in this activity (refer to *Volunteer Essentials* to review required trainings).

Please note: All participants attending a Girl Scout trip MUST be currently registered members of GSCWM.

	Girls	Female Adults	Male Adults
Number of Participants:	_____	_____	_____

Total Cost per Person: \$ _____ Troop Share per Person: \$ _____

If additional money-earning activities are required, have the forms been submitted for approval? Yes No

Adult Training Information

Please provide the names of all trained or certified adults who will be participating in this activity. Refer to *Volunteer Essentials* for a list of specific trainings needed to lead activities and *Safety Activity Checkpoints* for complete requirements regarding your particular trip and activities.

Indoor Overnights Trained Adult: _____

Outdoor Skills Trained Adult: _____

Outdoor Overnights Trained Adult: _____

Big Trips Trained Adult: _____

First Aid and CPR Trained Adult: _____

Certified Adult Lifeguard: _____

Has lifeguard completed the Waterfront Module (required to guard on lakes, rivers and oceans.): Yes No

Specialized Training(s): _____ (i.e. Challenge Course, Boating, Rock Climbing, etc.)

Trained Adult: _____

Girl Scout Progression

Please check the progression steps that the girls attending this activity have completed (Refer to *Volunteer Essentials* for information on Girl Scout Progression in Activities).

- | | |
|--|---|
| <input type="checkbox"/> Short Trip | <input type="checkbox"/> Multi-Night Outdoor Overnight in a Rustic Cabin/Tent |
| <input type="checkbox"/> Day Trip | <input type="checkbox"/> Multi-Night Indoor Overnight |
| <input type="checkbox"/> Twilight Trip | <input type="checkbox"/> Outdoor Skills |
| <input type="checkbox"/> Hiking/Backpacking - please provide details of girls' experience: _____ | |

The following activities are considered HIGH RISK:

This is not an all-inclusive list: Archery, Activities involving contact with animals, Boating, Bounce Houses and related equipment, Camping (at non-GSCWM facilities), travel in chartered vehicles (vehicle company provides professional driver), Challenge and Ropes Courses, Gymnastics, Hayrides, Horseback Riding, Ice Skating (at a rink), Rafting, Climbing and Rappelling, Roller Skating (at a rink), Scuba Diving, Segway, Skiing and Snow Tubing, Snorkeling, Surfing, Swimming Facilities, Theme Parks, Water Parks, Wind Surfing, Water Skiing and Wake Boarding, and Zip Lining.

Please refer to *Volunteer Essentials* for lists of activities which are restricted and never allowed.

Verification of Insurance for High Risk Activities

A Certificate of Liability Insurance is required for ALL High Risk Activities. Please refer to <https://www.gscwm.org/content/dam/girlscouts-gscwm/documents/COIS%20for%20website.pdf> and check if the organization has a certificate on file with GSCWM; if not, please submit one with this form.

- Active certificate on file with GSCWM Certificate attached

_____ (initial) The organization provides all necessary specialty equipment (i.e. helmets, PFDs, harnesses, ropes, etc.)

Please attach copies of agreements or contracts required to participate in this activity.

Please attach copies of any waivers that parents are asked to sign to participate in this activity.

Transportation:

Mode of Transportation: _____

Vehicle Leasing (please attach a Certificate of Liability Insurance)

Company Name: _____ Company Address: _____

Pick-up Date: _____ Drop-off Date: _____ Number of Drivers: _____ Number of Passengers: _____

_____ (initial) All drivers and passengers are GSCWM registered members.

_____ (initial) We are purchasing additional insurance from the vehicle rental company.

_____ (initial) All drivers are currently licensed in the State of Massachusetts and carry personal automobile insurance.

Please Note: GSCWM will not authorize the rental or use of a 15 passenger van without documented driver training.

Signature of Leader: _____

Date: _____

Each Participant Will Need:

Equipment: _____

Clothing: _____

Expenses: _____

Other: _____

Activity Information

Activities Planned: _____

How do these activities relate to the Girl Scout Leadership Experience? _____

Distance from EMS: _____ Level of First Aid Required: _____

Activity Description

(Please note the variety of activities that will be done – i.e. rock climbing, back packing, camping, etc.)

Participant Roster (MUST INCLUDE ADULTS)

Name	Age	Phone	Parent/Guardian Name(s) & Emergency Contact

Medical Concerns and Physical Limitations (MUST INCLUDE ADULTS)

Name	Description of Concern/Limitation	Actions/Accommodations Needed

Emergency Action Steps

Who is the primary care giver? _____

Who is the secondary care giver? _____

Who makes decisions in the event of inclement weather? _____

How would evacuation happen? _____

Non-Emergency Action Steps

Include steps for behavior problems, illness, and change of plans. These steps should be created and communicated prior to the trip.

Illness: _____

Change of Plans: _____

Disobeying Behavior Agreement – 1st Offence: _____

Disobeying Behavior Agreement – 2nd Offence: _____

Violation of Behavior Agreement: _____

Emergency Contacts

List in priority order.

Name	Phone Number (Home, Work, Cell, Pager)

** Your emergency contacts should be ready to contact all participants' families in case of emergency.*

Resources – Agency & Emergency Contacts

List numbers for the area where you will be traveling. Indicate if the numbers are available 9am-5pm, after-hours or otherwise.

Agency & Contact Name	Phone Number	Availability

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First Aid and Blood borne Pathogen Kits

Number of Kits You will be traveling With: _____

Location of Kit (i.e. every car, trip leader's pack, etc.)	Description of Kit (i.e. blister, trauma, basic first aid, CPR)

Other Paperwork to be submitted

Trip Itinerary * Attach a copy of the trip itinerary, including at minimum activities, dates, times, and locations.

Trip Budget * Attach a copy of the trip budget.

Mutual of Omaha Insurance * Be sure to submit a check or account information to cover all girls and adults on the trip. Other insurance is permitted---verification is required.

Don't forget...

- The trip leader and your home emergency contact should both retain a copy of all of the above materials and this trip plan.
- All adults on your trip should also receive a copy of the roster of participating adults and girls.
- Girl and adult medical and permission forms should be kept in a sealed envelope with the First Aider or trip leader at all times.
- Please refer to the Safety Activity Checkpoints when planning your activities.