

# Extended Overnight Trip Application

For trips of 3+ consecutive nights

NOT to be used for Council-sponsored trips of any length OR trips of 2 or less consecutive nights

**Application must be submitted to council via [membercare@gscm.org](mailto:membercare@gscm.org).**

This checklist is intended to help organize forms that will need to be completed prior to departure. Please use this form as a planning checklist as the troop plans their trip.

- Extended Overnight Trip Application Packet. This multi-page form must be submitted for all overnight trips of 3+ nights or to a location that is 250+ miles from the troop's designated meeting location. Filing timelines are as follows:
  - 45+ days prior to the planned start date of any trip to a location that is within the continental United States and further than 250 miles from the troop/groups's designated meeting location, as reflected in the files of council.
  - 90+ days prior to the planned start date of any trip to a location that is outside the continental United States.
  
- Adult Certifications
  - All participating adults must be a registered Girl Scout and have a current and approved Criminal Background Check on file with Council.
  - All Safety Activity Checkpoints and ratios must be followed.
  - CPR/First Aid must be obtained by an acceptable number of Approved Adults as required by GSUSA adult to girl ratios.
  - The designated Trip Leader must have successfully completed required Camp and/or Travel Training.
  
- Girl Information (per attending girl)
  - Girl and Adult Health History Record
  - Parent/Guardian Permission for Girl Scout Activities, Trips and Events
  
- Adult Information (per attending adult)
  - Girl and Adult Health History Record
  - Copies of Driver License and Insurance Card for all drivers\*
  
- Personal Conduct
  - Program Event Code of Conduct signed by each girl and adult participant.
  
- Additional Insurance
  
- Non-Continental US Travel Forms Packet
  - Applicable only to travel outside the Continental United States

Once Travel Checklist is complete leave a copy with:

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_





**Transportation**  
**Use Additional Sheets If Necessary**

Mode of Transportation (select all that apply):

Personal Car     Rental Car – Company: \_\_\_\_\_

Driver's Name	D.L. #	Insurance Co	Policy #

Bus – Company: \_\_\_\_\_

Departure Place/Time Bus No. (if applicable)	Company Address and Phone	Company Contact	Insurance <i>(Private bus, include contract and COI)</i>

Train – Company: \_\_\_\_\_

Reservation No.	Train Number	Departure City/Time	Arrival City/Time

Plane – Company: \_\_\_\_\_

Reservation No.	Flight Number	Departure City/Time	Arrival City/Time

Watercraft – Company: \_\_\_\_\_

Reservation No.	Cabin Nos. (if applicable)	Itinerary	Insurance (Watercraft other than Cruise Ships)

## BUDGET

**Troop earned funds may only be used to pay for girls and adults required to meet ratios.**

### Income:

Troop funds allocated for Trip			\$
Funds to be paid by Girls	\$ _____ per girl	X _____ of girls	\$
Funds to be paid by Required Adults	\$ _____ per adult	X _____ of adults	\$
Funds to be paid by Optional Adults <small>(Troop earned funds may not be used to pay for travel of adults not required to attend to satisfy ratio requirements).</small>	\$ _____ per add'l adult	X _____ of add'l adults	\$
<b>TOTAL INCOME</b>			<b>\$</b>

### Expenses:

Total Daily Planner Sheet 1		\$
Total Daily Planner Sheet 2		\$
Total Daily Planner Sheet 3		\$
Total Daily Planner Sheet 4		\$
Total Daily Planner Sheet 5		\$
Total Daily Planner Sheet 6		\$
Total Daily Planner Sheet 7		\$
Total Daily Planner Sheet 8		\$
Total Daily Planner Sheet 9		\$
Total Daily Planner Sheet 10		\$
Total Daily Planner Sheet 11		\$
Total Daily Planner Sheet 12		\$
Total Daily Planner Sheet 13		\$
Total Daily Planner Sheet 14		\$
Total Daily Planner Sheet 15		\$
Total Daily Planner Sheet 16		\$
Total Daily Planner Sheet 17		\$
Total Daily Planner Sheet 18		\$
Total Daily Planner Sheet 19		\$
Total Daily Planner Sheet 20		\$
Total Daily Planner Sheet 21		\$
<b>TOTAL DAILY EXPENSES</b>		<b>\$</b>
<b>BALANCE TO EARNED THROUGH ADDITIONAL MONEY-EARNING</b>		<b>\$</b>

### Estimated Additional Money-Earning Activities: (submit required Additional Money-Earning Approval Form for each event)

Event 1: _____		
Event 2: _____		
Event 3: _____		
Event 4: _____		
Event 5: _____		

**Advisor/Leader Statement of Compliance:**

- Girl Scouts of Central Maryland *Safety Activity Checkpoints*, policies and procedures have been reviewed and will be followed.
- All adult attendees are approved Girl Scouts of Central Maryland volunteers. Girl Scout memberships and criminal background checks will remain valid through the duration of the trip.
- All drivers for these activities are properly licensed and all vehicles are registered, insured, maintained and have a legal seat and seatbelt for every passenger.
- Parents/guardians are informed of the trip activities, safety and emergency procedures, contact information and have completed all required health and safety documents for each girl.
- The troop/group will always conduct themselves in a positive manner while representing Girl Scouts.

**ACKNOWLEDGMENT OF RESPONSIBILITIES**

I certify that the information in this Extended Overnight Trip Application Packet is correct and current to the best of my knowledge. I have attached all required forms and understand that I must notify, and receive written acknowledgement from, Girl Scouts of Central Maryland of any changes to our submitted plan. I have reviewed the *GSCM Safety Activity Checkpoints* and *Volunteer Essentials* for my planned trip. I understand that Troop funds are to be used only for Troop members—registered girls and Adults necessary to satisfy ratio requirements.

I also understand that during the trip each vehicle and lead adult of any group of girls will have a resource packet containing the following:

- Health History Record for each person (girls and adults);
- Parent/Guardian Permission for Girl Scout Activities, Trips and Events, for each girl;
- Roster of participants with emergency contact information;
- Itinerary; and
- First aid kit and emergency procedure information.

I understand providing misinformation could result in the trip not being covered by Girl Scout Activity Insurance and could increase personal liability.

Trip Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COUNCIL USE ONLY**

DATE RECEIVED: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_  
 DATE DENIED: \_\_\_\_\_ IF DENIED, REASON: \_\_\_\_\_  
 DATE OF NOTIFICATION: \_\_\_\_\_ COUNCIL SIGNATURE: \_\_\_\_\_  
 NEXT STEPS/RECOMMENDATIONS/COMMENTS: \_\_\_\_\_

# Participant Roster

*(Complete additional forms until all participants are listed.)*

If any changes are made to this list a new form must be submitted to Council prior to departure.

## Troop Emergency Contacts

Emergency Contact at Home (non-traveling individual to relay information to families if necessary)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact at Destination (traveling individual designated to relay information to home)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Adult Participants

Participant Name:			
Emergency Contact #1		Emergency Contact #2	
Name:	Phone:	Name:	Phone:
Participant Name:			
Emergency Contact #1		Emergency Contact #2	
Name:	Phone:	Name:	Phone:
Participant Name:			
Emergency Contact #1		Emergency Contact #2	
Name:	Phone:	Name:	Phone:
Participant Name:			
Emergency Contact #1		Emergency Contact #2	
Name:	Phone:	Name:	Phone:
Participant Name:			
Emergency Contact #1		Emergency Contact #2	
Name:	Phone:	Name:	Phone:
Participant Name:			
Emergency Contact #1		Emergency Contact #2	
Name:	Phone:	Name:	Phone:

## Girl Participants

Participant Name:			
Emergency Contact #1		Emergency Contact #2	
Name:	Phone:	Name:	Phone:
Participant Name:			
Emergency Contact #1		Emergency Contact #2	
Name:	Phone:	Name:	Phone:
Participant Name:			
Emergency Contact #1		Emergency Contact #2	
Name:	Phone:	Name:	Phone:







# DAILY TRIP PLANNER

Use a separate sheet for each day. If there is a change, Council notification is required.

[Day/Date]	COST PER PERSON	COST FOR GROUP
<b>MORNING</b>		
<b>TRAVEL</b> <input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Public Transport <input type="checkbox"/> Taxi <input type="checkbox"/> Personal Car <input type="checkbox"/> Other  <i>Factor in rental cost, gas, fares, taxes, gratuity, etc.</i>	\$	\$
<b>Meal</b> <input type="checkbox"/> Eat-In <input type="checkbox"/> Eat-Out <i>Consider cost of food, taxes, gratuity, etc.</i>	\$	\$
<b>Activity</b> (Note equipment needed and instructor, if applicable):  <i>Factor in equipment rental, instructor charges, gratuities, etc.</i>	\$	\$
<b>AFTERNOON</b>		
<b>TRAVEL</b> <input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Public Transport <input type="checkbox"/> Taxi <input type="checkbox"/> Personal Car <input type="checkbox"/> Other  <i>Factor in rental cost, gas, fares, taxes, gratuity, etc.</i>	\$	\$
<b>Meal</b> <input type="checkbox"/> Eat-In <input type="checkbox"/> Eat-Out <i>Consider cost of food, taxes, gratuity, etc.</i>	\$	\$
<b>Activity</b> (Note equipment needed and instructor, if applicable):  <i>Factor in equipment rental, instructor charges, gratuities, etc.</i>	\$	\$
<b>EVENING</b>		
<b>TRAVEL</b> <input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Public Transport <input type="checkbox"/> Taxi <input type="checkbox"/> Personal Car <input type="checkbox"/> Other  <i>Factor in rental cost, gas, fares, taxes, gratuity, etc.</i>	\$	\$
<b>Meal</b> <input type="checkbox"/> Eat-In <input type="checkbox"/> Eat-Out <i>Consider cost of food, taxes, gratuity, etc.</i>	\$	\$
<b>Activity</b> (Note equipment needed and instructor, if applicable):  <i>Factor in equipment rental, instructor charges, gratuities, etc.</i>	\$	\$
<b>LODGING</b>  <input type="checkbox"/> Campsite <input type="checkbox"/> Hotel <input type="checkbox"/> Watercraft <input type="checkbox"/> Other  <b>Location:</b> <hr style="width: 40%; margin-left: 0;"/> <i>Factor in taxes, fees, gratuities etc.</i>	\$	\$
<b>TOTAL EXPENSES FOR THE DAY</b>	\$	\$

# Code of Conduct Agreement

## Attendees will:

- ◆ act and speak positively to each other, volunteers, facilitators, drivers and instructors;
- ◆ respect the people and places with which they come in contact;
- ◆ set a positive example and act as a role model for others;
- ◆ treat everyone with respect at all times; and
- ◆ abide by the Girl Scout Promise and Law.

## This includes, but is not limited to:

- ◆ respect for the belonging of others;
- ◆ respect for facilities and equipment;
- ◆ respect for the feelings and privacy of others;
- ◆ respect for leave no trace guidelines; and
- ◆ respect for the effort that has gone into programmatic offerings.

## Attendees must:

- ◆ agree to accept their share of daily kapers;
- ◆ agree actively participate in, or try, all activities;
- ◆ agree to follow all safety procedures including, but not limited to, the buddy system, chaperone oversight and night-time requirements.

**The following behaviors are considered serious and will result in one or more of the following: (1) loss of privileges, (2) contact with parent/guardian, (3) expulsion from programs and/or future Girl Scout programs.**

- ◆ threatening harm to self or others;
- ◆ verbal abuse of another, including the use of profane language or gestures;
- ◆ physical abuse of another;
- ◆ destroying property of another; and
- ◆ behavior that is constantly interfering with the quality of program others are receiving.

I have read and understand these behavioral expectations and agree to abide by them during the event.

Attendee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read and understand these behavioral expectations. Furthermore, I have discussed these expectations with my child and she agrees to abide by them during her attendance at the event.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_