



Girl Scouts of Santa Clara County

READINESS TO TRAVEL

Troop # _____ SU # _____ Program Level _____ Date _____

Number of Girls _____ Number of Adults _____

Trip Destination _____ Approximate round-trip miles _____

Dates _____ Number of Nights _____

Method of Transportation _____ Cost Per Person \$ _____

Main Travel Troop Adult _____ Phone # _____

Address _____ City _____ Zip Code _____

Name(s) of Certified First Aider:

Name(s) Certified First Aider Level 2 (if applicable) _____

Life Saver* _____ Troop Camping Certified Adults (if camping) _____

Troop Emergency Contact Person _____ Phone _____

PLEASE INDICATE THE STATUS OF YOUR PLANS, USING THE CHECK LIST BELOW:

- Verified that all girls and adults are registered Girl Scouts
- Verified that all adults have a completed Volunteer Application/Fingerprints clearance) on file at the Girl Scout Council office
- Provided the parents of each girl with a copy of our itinerary.
- Secured signed Parent Permissions from every girl taking the trip.
- Secured extended insurance and any other special permission necessary.
State insurance plan you are using. _____
- Have health histories (and Health History/Examination records if 3 or more nights) for all participants.
- Verified current "Driver Information" & "Motor Vehicle Records Report Authorization" clearance on all drivers.
- Have rental vehicle agreements signed by the Girl Scout Council authorized personnel. (CEO or AED)
- Reviewed the Council Volunteer Personnel Policies with all adults.
- Have emergency procedures in place for the trip.

PLEASE ATTACH THE FOLLOWING INFORMATIONS:

1. Complete itinerary that includes a list of ALL overnight stops, with lodging name, addresses and phone number.
2. Roster of girls/adults, with addresses, phones numbers and emergency contacts.
3. Completed Driver Information form on all drivers & Motor Vehicle Records Report Authorization (if applicable)
4. The budget and an alternative plan for using the money earned in case the trip does not materialize.
5. Sample copy of the following:
 - Girl/Parent Agreement
 - Plans for handling the finances if individual girls drop out of the trip/or if new girls join

FOR COUNCIL USE ONLY

Date Received _____

[] Approved [] Not Approved

Council Staff Name _____