

Extended Overnight Trip Application

For trips of 3 or more 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 your local Membership Staff Member.

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 group plans their trip. An asterisk "*" denotes forms necessary to turn in to council for approval.

- Extended Overnight Trip Application Packet (pages 1-7)
 - This 7-page form must be submitted for all overnight trips of 3 or more consecutive nights.*
 - Submit to Council 45 days prior for trips fewer than 350 miles and 3 months prior for trips greater than 350 miles.

- Adult Certifications
 - All participating adults must be a registered Girl Scout and have a current and approved 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 required by GSUSA adult to girl ratios. (See Volunteer Essentials for information.) *
 - The designated Trip Leader must have successfully completed Travel Training. (This does not have to be the Group Leader but they will assume all responsibilities related to the trip.)*
 - If the program will include any camping, at least one adult in the group must have successfully completed Outdoor Core.

- Girl Information (per attending girl)
 - Health History and Parent Permission Form (use standard GSNMT form)

- Adult Information (per attending adult)
 - Health History
 - Copies of Driver License and Insurance Card for all drivers*

- Personal Conduct (page 8)
 - Program Event Code of Conduct signed by each girl and adult participant.

- Additional Insurance* - *Supplemental Insurance is required for all travel of more than 2 nights and/or travel with anyone that is not a Registered Girl Scout volunteer or girl. (Submit all paperwork and payment to your Membership Staff person prior to the trip. See Volunteer Essentials for more information and deadlines.*

- Other Documents As Needed

Once Travel Checklist is complete leave a copy with:

Emergency Contact: _____ Phone Number: _____

Extended Overnight Trip Application

The Overnight Group Trip Application must be completed for all travel activities, including trips to Girl Scouts of New Mexico Trails Properties. This application is not to be used for Council-sponsored trips of any length OR trips two or less consecutive nights. Applications must be received by your local Membership Staff Member. You will be notified if your trip has been approved or denied. This form must be approved before girls proceed with further planning.

Date: _____ Group/Troop Name: _____ Service Unit: _____

Trip Leader: _____ Best Contact Number: _____

Email: _____

Address: _____ City & State: _____ Zip: _____

Program Level (circle all that apply): Daisy Brownie Junior Cadette Senior Ambassador

Dates of trip: From: _____ To: _____

Place(s) Traveling to: _____

What is the purpose of this trip (i.e. service, eco-tourism, etc.)? _____

Are there high risk activities on this trip? Yes No If yes, type of activities: _____

Safety Activity Checkpoint Details

What Safety Activity Checkpoints are you using as references for this trip? _____

Is a certified instructor needed for any of the activities? Yes No

If YES, please list who is leading those activities and their certifications or what company is being hired to lead the activity: _____

Group First Aider—Provide Copy of Certification/License with Application

Name _____ Phone _____ Certification & Agency _____

Transportation

_____ Private List drivers below

_____ Leased/Rented Company: _____

_____ Bus Company: _____

_____ Train Company: _____

_____ Plane Airline(s): _____

Flight #(s): _____

_____ Watercraft Company: _____

Drivers: (Include copies of CURRENT Driver's License and Insurance Card)
(If needed, list additional driver(s) information on a separate paper.)

Name	D.L. #	Insurance Co	Policy #

Extended Overnight Trip Application

Emergency Contacts

Emergency Contact at Home (to relay information to families)

Name: _____ Phone: _____

Emergency Contact at Destination (to contact your group)

Name: _____ Phone: _____

Certifications

The adults listed below are participating on this trip and have completed the necessary training for this trip. See council guidelines for travel certifications. If necessary, list additional information on a separate sheet.

Name	Certification/Licensure (i.e. First Aid/CPR, Group Travel training, Outdoor Core, Lifeguard, Riding Instructor, etc.)	Date Completed	Expiration (if applicable)	Approved (by Council)

BUDGET

NOTE: GROUPS ONLY PAY FOR REGISTERED GIRL SCOUTS AND SAFETY-WISE ADULTS

Income

Cash in Group Bank Account		\$
Additional Cash from Girls	\$ per girl ____ x # girls ____	\$
Additional Cash from Adults	\$ per adult ____ x # adults ____	\$
Additional Cash from Non-Group Guests	\$ per guest ____ x # guests ____	\$
	TOTAL INCOME	\$

Expenses

FROM THE DAILY TRIP PLANNER SHEETS	TOTAL EXPENSES	\$
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Attach documentation with application for the following:

- Participant Roster
- Places you will be staying; include emergency contact information, address and phone number(s)
- Daily Trip Planner including times, locations and expenses
- Driver information for those not previously listed, if needed
- If applicable, include special consultants, resources, equipment, other groups or organizations involved and planned safety precautions (i.e. high risk activities)
- If needed, International Addendum and/or Notice of Change Form

Extended Overnight Trip Application

Advisor/Leader Statement of Compliance:

- GSUSA Safety Activity Checkpoints and Girl Scouts of New Mexico Trails procedures have been reviewed and are being followed.
- All adult attendees are approved Girl Scouts of New Mexico Trails volunteers.
- 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 a Health History for each girl.
- The 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 keep my Regional Manager notified of any changes to our submitted plan. I have reviewed the Safety Activity Checkpoints and Volunteer Essentials for my planned trip. I understand that Group funds are to be used only for Group members—registered girls and Safety-Wise Adults.

I also understand that during the trip, each vehicle will have a Health History for each person (girls and adults), Group Parent Permission Forms, Parent Permission/Adult Emergency form for each non-Girl Scout, first aid kit, roster of participants, name and phone number of emergency contact, 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/Group Leader Signature: _____ Date: _____

COUNCIL USE ONLY

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

Extended Overnight Trip Application

Girl Scouts of New Mexico Trails

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. At that time, plans for the use of Group will be evaluated with the group leader, GSNMT representative, girl and her parents. Attendees not listed on the roster may not be covered by Girl Scout Insurance.

For "Level," select Girl Scout Program Levels from the drop-down selection option as follows: D=Daisy, B=Brownie, J=Junior, C=Cadette, S=Senior, A=Ambassador, Adult= adult 18 years or older who is not an Ambassador, Other=tag-a-longs.

Name: _____ Level: D B J C S A Adult Other
 Emergency Contact #1: _____ Phone: _____
 Emergency Contact #2: _____ Phone: _____

Name: _____ Level: D B J C S A Adult Other
 Emergency Contact #1: _____ Phone: _____
 Emergency Contact #2: _____ Phone: _____

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 Emergency Contact #2: _____ Phone: _____

COUNCIL USE ONLY

DATE RECEIVED: _____ COUNCIL SIGNATURE: _____

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DAILY TRIP PLANNER

Use a separate sheet for each day. If there is a change, submit a Notice of Change form.

Date & Day of the Week	COST PER PERSON	COST FOR GROUP
MORNING		
TRAVEL <input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Drive <input type="checkbox"/> Public Transport <input type="checkbox"/> Fly <input type="checkbox"/> Other Transportation (noted below) <i>Factor in gas, fares, taxes other fees.</i>	\$	\$
BREAKFAST <input type="checkbox"/> Girls Prepare <input type="checkbox"/> Restaurant <input type="checkbox"/> Other	\$	\$
Morning Activity 	\$	\$
AFTERNOON		
TRAVEL <input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Drive <input type="checkbox"/> Public Transport <input type="checkbox"/> Fly <input type="checkbox"/> Other Transportation (noted below) <i>Factor in gas, fares, taxes other fees.</i>	\$	\$
LUNCH <input type="checkbox"/> Girls Prepare <input type="checkbox"/> Restaurant <input type="checkbox"/> Other	\$	\$
Afternoon Activity 	\$	\$
EVENING		
TRAVEL <input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Drive <input type="checkbox"/> Public Transport <input type="checkbox"/> Fly <input type="checkbox"/> Other Transportation (noted below) <i>Factor in gas, fares, taxes other fees.</i>	\$	\$
DINNER <input type="checkbox"/> Girls Prepare <input type="checkbox"/> Restaurant <input type="checkbox"/> Other	\$	\$
Evening Activity 	\$	\$
LODGING <input type="checkbox"/> Campsite <input type="checkbox"/> Hotel <input type="checkbox"/> Home-stay Location:	\$	\$
TOTAL EXPENSES FOR THE DAY	\$	\$

Code of Conduct Agreement

To be retained by the Troop Leader

Attendees will:

- ◆ act and speak positively to all attendees and staff
- ◆ 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

This includes:

- ◆ respect for the belonging of others
- ◆ respect for facilities and equipment
- ◆ respect for the feelings and privacy of others

Attendees must:

- ◆ agree to accept their share of daily assigned activities and responsibilities

The following behaviors are considered very serious and will result in the loss of certain privileges, a phone call to the parent/guardian, and/or expulsion from future events:

- threatening harm to self or others
- verbal abuse of another attendee or adult
- the use of obscene language or gestures
- physical abuse of any kind including hitting, kicking, biting, pulling hair, etc. of another attendee or adult
- destroying property
- 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: _____