



Extended Trip - Application & Budget

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This form is required for any trip of more than three nights or more than 200 miles out of council borders. Submit completed form by email to travel@girlscoutsosw.org or fax to 541-857-8525 at least six months in advance of your planned trip. Please retain a copy of your form and approval.

Troop/Group # _____ Service Unit # _____ Dates of Trip: From _____ To _____

Adult in Charge _____ Phone #: Day _____ Evening _____

Mailing Address _____
Street City State Zip

Email Address _____

Other Adult Chaperones (all must go through the Volunteer Application Process): _____

Final Destination _____ State _____ Country _____

I understand all of the following requirements must be met at least six weeks prior to the scheduled departure date for this trip:

C	I	NN	(C = completed, I = in progress, NN = not needed)		
			"Grade Level"	Name	Date (mm/dd/yy)
			"Day Trips"	Name	Date (mm/dd/yy)
			"Indoor Overnights"	Name	Date (mm/dd/yy)
			"Extended Trips"	Name	Date (mm/dd/yy)
			Currently Certified First Aid/CPR	Name	Expires (mm/dd/yy)
			"Wilderness First Aid"	Name	Expires (mm/dd/yy)
			"Outdoor I" (camping at established campgrounds)	Name	
			"Outdoor II" (camping at primitive campgrounds)	Name	
			Adult/Girl ratio verified: circle level BR JR CAD SR AMB # of Girls _____ # of Adults _____		
			First aid kit in vehicles or with group		
			All <i>Safety Activity Checkpoints</i> have been reviewed and will be met		
			Lifeguard Certification - For all water activities offered including use of hotel swimming pools	Name	Expires (mm/dd/yy)
			Small Craft Safety Certification		Expires (mm/dd/yy)

Please indicate all of the following that apply:

- Primitive camping (NO water, toilets or electricity)
- Camping in established campground
- Backpacking
- Hostels, community buildings, hotels
- Personal home/cabin

List troop/group travel progression: _____

How will the Girl Scout Leadership Experience be incorporated on this trip? _____

What other overnight trips has the troupe/group taken to prepare for this trip? _____



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We understand these amounts are estimates only - make your best guess. You should revisit this budget as final trip plans are formalized. Add an additional page for budget items.

Preliminary Budget

Expenses	Per Person	Total
Admission Fees		
Lodging/Site Fees - Type of Lodging:		
Food		
Insurance		
Other Expense:		
Other Expense:		
Other Expense:		
Subtotal		
Add 10% Emergency Fund		
Total Projected Expenses		

Income	Per Person	Total
Group Income (Money-Earning Goal)		
Girl Income (Family Portion)		
Other Income:		
Other Income:		
Total Projected Income		

Any special circumstances that affect the budget? _____

Proposed method(s) of transportation _____

I hereby verify that the above information is correct and that I will follow all council policies, standards and procedures and Safety Activity Checkpoints in regards to extended trips.

Signature of Adult in Charge _____ Date _____

Submit completed forms by email to travel@girlscoutsw.org or by fax to 541-857-8525.

FOR OFFICE USE ONLY	Date Received _____	Paperwork Review Date _____
_____ Reviewed & confirmed chaperones VAP approval _____	Updated travel database _____	
Approval? _____	Conditional? _____	Denied? _____
Reason _____		
Leader Notified _____	By _____	Date _____