

# Extended Trip Application- Part 2

## (Level 4 or 5 Trip Departure Information)

### Troop Information

Adult in Charge			
Address		Phone	Home
City	Zip		Work
Email			Cell
Troop #		Service Unit Name	
Grade Level	<input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> A	Total # Girls	Total # Adults
Date of Trip:		Location:	

### Insurance Information

Which insurance will be carried?	<input type="checkbox"/> GS Insurance Plan	<input type="checkbox"/> Other (please name)	Date Ordered:
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### Transportation Information

If by Airplane	Airline Name		Flight #	
	Departure Location		Date	
If by Bus	Bus Line	<input type="checkbox"/> Charter		<input type="checkbox"/> Public
If by Ship	Ship Line		Departure Location	
If by Car	Provide the amount of car insurance for each car used	Liability \$	Comprehensive \$	Medical \$
	If chartered vehicles, list name and address of company			
	Driver's Name		License #	
	Driver's Name		License #	

### Emergency Contact

Who knows your plans, is not participating in the activity, and has a list of participants with contact information for parents/guardians?	Name	Phone #
	Name	Phone #

# Checklist

Attachments: <input type="checkbox"/> Complete itinerary* <input type="checkbox"/> Participant list <i>(includes name, address, and phone number)</i>
<input type="checkbox"/> Travel and financial arrangements have been made, and trip has the approval and support of parents.
<input type="checkbox"/> Members understand taking responsibility for personal conduct and equipment.
<input type="checkbox"/> Good health and safety practices have been implemented, meeting Safety Activity Checkpoints.
<input type="checkbox"/> (Level 5 Travel ONLY) Passports and international visa protocols have been researched and proper documentation has been acquired based on local government requirements
Signature of Adult in Charge

\* A detailed itinerary must include a description of dates, approximate times, daily activities, major sites or stops, and the addresses of all overnight locations.

<b>Trip Budget - Income</b>		BUDGETED
Troop Treasury <i>(money on hand)</i>		\$
Troop Money Earning Projects <i>(list)</i>		\$
		\$
		\$
Parent/Guardian Contributions		\$
Other <i>(grants, donations, etc.)</i>		\$
<b>TOTAL INCOME</b>		\$

<b>Trip Budget - Expenses</b>		BUDGETED
<i>*Totals are estimates. This is to be used as a planning tool for your troop.</i>		
Transportation	Plane Airfare	\$
	Charter Bus <i>(include tips)</i>	\$
	Train/Subway	\$
	Car <i>(include rental fee, mileage, and gas)</i>	\$
Lodging <i>(include overnight stops while traveling)</i>		\$
Food <i>(include all meals and snacks)</i>		\$
Health/First Aid		\$
Entertainment		\$
Equipment/Supplies		\$
Insurance		\$

Emergency Fund	\$
Other ( <i>list</i> )	\$
Other ( <i>list</i> )	\$
Other ( <i>list</i> )	\$
TOTAL EXPENSES	\$

**Keep one copy for your records and send one copy to GSOH travel team at [travel@gsoh.org](mailto:travel@gsoh.org) at least six weeks before your trip.**

**Reminder:** Part 3 of the travel application is due within four weeks after the trip.