

Girl Scouts Louisiana East

Corporate Headquarters

841 S. Clearview Parkway, New Orleans, LA 70121-3119
(504) 733-8220 (800) 644-7571 F (504) 733-8219

www.gsle.org

Regional Service Center

545 Colonial Drive, Baton Rouge, LA 70806
(225) 927-8946 (800) 852-8421 F (225) 927-8402

**Extended Troop Trip Application
(Girl Scout Juniors-Ambassadors)**

Before completing this application:
Read Volunteer Essentials and Activity Checkpoints
Make NO deposits of any kind until the application has been approved.
Submit application 6 weeks in advance to your Membership Executive for approval.

Trip destination
 within the Council's Jurisdiction (23 parishes)
 outside the Council's jurisdiction

Number of nights
 three or more*

Troop Information Troop # _____ Grade level _____ Service Unit # _____

Leader (01): _____ Email _____

Address: _____
Street / City / Zip

Phone (_____) _____ (_____) _____ (_____) _____
Home Cell Work / Other

Assistant Leader (02) _____ Email _____

Address: _____
Street / City / Zip

Phone (_____) _____ (_____) _____ (_____) _____
Home Cell Work / Other

Trip Information

Dates/times ____/____/____ to ____/____/____

Destination _____

Estimated round trip mileage _____

Purpose of the trip _____

Type of lodging _____

Closest medical facility to final destination _____

Girls _____ # Registered Adults _____ # Non GS members _____

First Aider – attach copy of certification _____ Expires _____

Life Guard (if applicable) – attach copy of certification _____ Expires _____

Describe any planned water activities _____

* Additional insurance coverage is required for trips of three nights or more and when non-Girl Scout members are present. Two copies of the completed insurance application, all fees, and completed troop trip application must be submitted to the Membership Executive at least **six weeks** prior to the departure date. To determine the insurance premiums use the following formula:

Date of Trip	Date of Trip	# Days	X	# Girls/Adults	=	# of Participant Days	X	Daily Premium	=	Total
_____	_____	_____		_____		_____		_____		\$ _____
										amount attached

List names of adults going and their duties: (i.e., instructors of horseback riding or canoeing; medical; trained Outdoor Leaders; etc.) Write on back if necessary.

Transportation Information

Personal vehicles

List names of all drivers:

_____	_____	_____
Name	DOB	State / Driver's License #
_____	_____	_____
Name	DOB	State / Driver's License #
_____	_____	_____
Name	DOB	State / Driver's License #

Only the drivers who have provided this information may drive. **Approval takes two weeks.**

Hired/leased vehicles or public transportation

If traveling by hired or borrowed bus, attach Bus Transportation Agreement. A Certificate of Insurance is necessary. Submit any rental or lease paperwork for rental cars or vans to the Chief Financial Officer within two weeks after trip. "Any chartering of vehicles or water craft needs the attention of appropriate legal counsel. This activity should not be undertaken without council guidance." *Volunteer Essentials*

Describe how the girls planned the trip. Include how the trip incorporates the leadership experience of discover, connect, and take action and involves the process of girl led, learn by doing, and cooperative learning.

List activities planned: _____

Income for trip (explain sources): _____
