

Travel Application

*This form is to be filled out for all troop/group trips for more than 2 nights and/ or outside Western New York. (WNY is considered west of Interstate 81), except those trips sponsored by GSWNY. It must be submitted to **GSWNY Membership Manager** two months (60 days) prior to trip. Please be sure all information is complete, so processing is not delayed. Please keep a copy for your records.*

Troop Information

Troop # _____ Grade Level _____ Service Unit _____

Leaders Name _____ Phone () _____ Email _____

Address _____ City _____ Zip _____

Trip Information

Trip Destination _____

Site name and address: _____

_____ Phone # () _____

Date of Activity _____ to _____ # of nights _____
(Month, Day, Year) (Month, Day, Year)

of Girls _____ # of Female Adults _____ # of Male Adults _____ Total # of persons _____

Purpose for trip _____

If we are not able to make this trip, our alternative plan is _____

Please attach a complete itinerary with each day, schedule, activities, contact person, phone #, etc.

Required Certifications

| | | |
|----------------------------|------------------|-----------|
| First Aider | Exp date: | Phone: |
| CPR Adult | Exp date: | Phone: |
| Outdoor Trained Adult | | |
| Level: () OT 1 () OT 2 | Training Date: | Phone: |
| Other | (Lifeguard, etc) | Phone: |
| | Training Date: | Exp.Date: |
| Other | | Phone: |
| | Training Date: | Exp.Date: |

Troop Emergency Contact Person (at home): _____

Phone # () _____ - _____

MAKE SURE YOUR TROOP EMERGENCY PERSON WILL BE AVAILABLE DURING THE ENTIRE TRIP!

Emergency plans (hospital name, street address and phone # for each destination during trip)

Transportation Information

Type of Transportation (*check*) Private Car Bus Train Plane Leased Vehicle

Attached copy of bus/ leased vehicle contract (available online)

Name of carrier you are considering _____

Certificate of Liability Insurance obtained _____ (mandatory for leased vehicles) attach copy.

Name and Address of Travel Agency _____

Additional Paperwork - check when complete

- Certificate of liability insurance (requested from private homes, churches, school, etc to show proof of insurance coverage) attached
- Supplemental accident/illness insurance forms completed (available online) and attached and check is attached
- Copy of waiver or hold harmless agreements obtained, if applicable Yes
- Has parent/guardian permission been obtained: Yes No
- Planned fund raising activities (list): GS Cookie sale QSP sale

_____ Include a copy of Trip Planning Budget Form (available online)

Horseback Riding/ Ranch Activities**Not Applicable**

Name of Ranch/Stable _____ Phone _____

Address _____ City _____ State _____ Zip _____

Certificate of Liability Insurance on file at GSWNY or copy attached This form is mandatory.

Activity: Ring Riding Grooming Trail Riding Lessons Other

White Water Rafting/ Boating/ Swimming**Not Applicable**

Location Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Certificate of Liability Insurance on file at GSWNY or copy attached This form is mandatory.

Name of trained Lifeguard _____ Expiration date _____

Name of trained Boater _____ Expiration date _____

Certified lifeguard and certified boater must be over 18, and must be two different people.

Travel to Canada**Not Applicable**

As per *Volunteer Essentials* (p.73), girls must be Cadettes or older to travel internationally.

I have consulted <http://travel.state.gov> to identify the latest requirements for transporting non-custodial minors to Canada, and have secured/will secure the appropriate documentation **Yes**

To inquire if a Riding Stable, Ranch or White Water Rafting facility is on the GSWNY approved list, contact the Membership Manager at your local service center.

Service Team Use

Travel Application Completed Approval returned to leader Sent to Council Membership Manager

I have reviewed this form and the troop may or may not proceed with their plans.

I have made the following recommendations to the troop leader:

Service Unit Outdoor Program Consultant

Or

Service Unit Manager Signature

Signature _____

Date _____

Phone _____

Service Center Use

Check when received:

Travel Packet complete

Itinerary

Projected Budget Form

Application for Travel Insurance

I have reviewed this form and this troop may or may not proceed with their plans.

I have made the following recommendations to the troop leader:

Membership Manager Signature _____ Date _____

Submit completed application to your local GS Service Center: GSWNY Attn: Membership Manager

5 Jackson St., Batavia, NY 14020

3332 Walden Ave., Suite 106, Depew, NY 14043

2661 Horton Road, Jamestown, NY 14701

5000 Cambria Road, Lockport, NY 14094

1020 Johns Street, West Henrietta, NY 14586