



International Trip or Cruise – Final Details

Submit this form to your local GSHG Program Manager 8 weeks prior to your departure.

Attach additional information/pages to this form as needed for your unique trip.

Trip Details

Purpose and Brief Description of the Trip: _____

Trip Leader Name: _____ 5-digit Troop #: _____

Departure Date: _____ Departure Time: _____ Departing From: _____

Return Date: _____ Return Time: _____ Returning To: _____

Address of Overnight Location(s):

Site Name	Date Visiting	Site Address

Major sites or stops (ex. Lunchbox Museum, First Headquarters, Mistletoe State Park):

Site Name	Date Visiting	Approximate time of visit

Transportation

Please list all transportation providers (ex. Cruise ship, flight, bus): or attach your transportation itinerary(ies).

Type	Trip Number if applicable	Date	Departing Location	Arrival Location
<i>EX. Plane</i>	<i>Flight 1912GS</i>	<i>3/12/1912</i>	<i>Heathrow Airport, London</i>	<i>Savannah, GA</i>

Supplemental Travel Insurance

Some trips (below) require supplemental Girl Scout insurance. It is inexpensive and well worth the cost.

1. Traveling more than 2 nights

2. Camping more than 2 nights

3. A Girl Scout event/activity with non-registered Girl Scouts participating/attending Insurance can be purchased online here: <https://gshg.wufoo.com/forms/request-for-supplemental-insurance/>

If your trip requires supplemental insurance, attach the receipt of your purchase to this form.

Final Roster Fill out this form or attach a participant roster with this information. All trip participants must be registered members of Girl Scouts at the time of the trip.

Final # of Girls Attending: _____ Final # of Adults Attending: _____

Name	Phone	Email	Grade level or Adult

Volunteer Certifications

At least one adult on your trip must be currently certified in Adult and Child First Aid/CPR/AED.

First Aid Certified Adult Name(s): _____

(Please attach certification card if not already on file)

Emergency Contact

The adult, not going on the trip, who is contacted in the event of an emergency; he/she should have a detailed trip itinerary and a list of all trip participants with their parent/guardian phone numbers.

Name: _____ Phone: _____ Email: _____

Advisor/Leader Statement of Compliance:

- The information provide is accurate to the best of my knowledge
- I have a copy of each traveler's passport
- I have notarized permission from each minor girl's parents/guardians to take her out of the country
- I have a health history for each traveler.
- I will leave copies of all documents (notarized permissions, health histories, passports) and a detailed trip itinerary with our emergency contact during the trip.
- If anything changes, I will let my local GSHG Program Manager, the girls' parents/guardians and our emergency contact know of changes in writing before our departure.
- I understand that providing misinformation could result in the trip not being covered by Girl Scout Activity Insurance and could increase my personal liability.

Advisor/Leader Signature: _____ Date: _____