

Girl Scout Council of the Southern Appalachians

Application for Extended Travel and/or High Risk Activity Participation

This Application must be completed for all travel lasting three or more nights, as well as any trips involving special equipment, "Activities Not Listed in the Activity Checkpoints," and/or "Activities with High Risk."

ADDITIONAL ACTIVITY ACCIDENT INSURANCE MUST BE PURCHASED no later than one week before for all trips lasting more than two (2) nights or three (3) days and/or to insure Non-Member participants.

Applications are due a minimum of *two months prior to a regional or national trip or activity, or one year prior to an international trip.* Within 10 business days of receipt of your request, you will be notified of the status of your request. This form must be approved before girls proceed with further planning.

| | | | | | | | |
|----------------------------|--|----------------------------|-------------|------------------------|-----------|---------------------|--|
| Date: _____ | | | | Group/Troop No.: _____ | | Service Unit: _____ | |
| Advisor/Leader Name: _____ | | | | | | | |
| Address: _____ | | | City: _____ | | St: _____ | Zip Code: _____ | |
| Day Phone: () _____ | | Alternate Phone: () _____ | | Email: _____ | | | |

Program Level (circle): Junior Cadette Senior Ambassador

Number of Registered: Girls _____ Adults _____ Number of Participants: Girls _____ Adults _____

Has your group planned and participated in a travel experience previously? Yes No

If yes, give a description of destination, type of trip, and type of activities: _____

Departure Date: _____ From: _____ Return Date: _____ To: _____

Place(s) Travelling to: _____

What is the purpose of this trip (i.e. service, eco-tourism, etc.)? _____

Estimated cost per girl: \$ _____ Estimated cost per adult: \$ _____ Total Budget: \$ _____

Does your group plan on participating in council-sponsored product sales? Yes No

Does your group plan on conducting any money-earning activities? Yes No

Identify method of transportation: Private car ___ Rental ___ Commercial ___ Other (specify)

If rental/lease/borrow, name of intended company: _____

Are there high risk activities on this trip? Yes No If yes, type of activities: _____

Leader/Advisor Signature: _____ Date: _____

| | | | | | | | |
|--|--|--|--------------------------|-----------------------------------|---|---------------------------------------|--|
| Date Received: _____ | | | | <input type="checkbox"/> Approved | <input type="checkbox"/> Approved Pending | <input type="checkbox"/> Not Approved | |
| If not approved, what is the reason? _____ | | | | | | | |
| Date of Notification: _____ | | | Council Signature: _____ | | | | |
| Next Steps/Recommendations/Comments: _____ | | | | | | | |
| _____ | | | | | | | |