

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 Locations:

Site Name	Date Visiting	Site Address

Major Sites or Stops (ex. Lunchbox Museum, First Headquarters, Mistletoe State Park):

Site Name	Date Visiting	Site Address

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>	3/12/1912	Heathrow Airport, London	Savannah, GA

Supplemental Travel Insurance

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

1. Plan 3PI (accident plus sickness for international travel) is **required** for international trips.
2. Plan 3P (accident plus sickness) is recommended for extended-long distance trips.

Insurance can be purchased online at: <https://gshg.wufoo.com/forms/gshg-request-for-supplemental-insurance/>

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

Final Roster

Fill out this chart 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(s) if not already on file.

Emergency Contact

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

Name: _____ Phone: _____ Email: _____

Advisor/Leader Statement of Compliance

- The information provided 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: _____