

Notice of Intent for Troop Travel

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Required for any activity outside regular meeting place, date and/or time that is more than six hours including travel time but not more than three nights.

Notice of Intent for Travel (NOI) Instructions

NOI are Due:	3 weeks prior to departure date (Insurance must be purchased at this time as well)
Submit NOI to:	Your service unit event & travel coordinator

Section 1: Troop Information

Troop #		Program level:	
Service Unit #		City	
Troop Leader		Phone #:	
		email:	

Section 2: Trip Information

Trip Destination:			
Departure Date:		Time:	
Return Date:		Time:	
Activities Planned			

# Registered Girls Attending		#Registered Adults Attending	
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Trip Leader:		E-mail:		BC Date:	___/___/___
Phone #:					
First Aider Name:		Certification Type:		BC Date:	___/___/___
Phone #:		Expiration Date:	____/____/____		___/___/___

For aquatic activities: If facility provides lifeguards, write facility name & phone # (N/A if no planned aquatic activities)

Lifeguard Name:		Certification Type:		BC Date:	___/___/___
Phone #:		Expiration Date:	____/____/____		___/___/___

Emergency Contact Person:		Home #	
		Cell #	
		Other Contact Method:	

Type of Transportation	
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List all other registered & background checked adults attending

Name:		BC Date:	___/___/___	Name:		BC Date:	___/___/___
	(Driver Y/N?)				(Driver Y/N?)		
Name:		BC Date:	___/___/___	Name:		BC Date:	___/___/___
	(Driver Y/N?)				(Driver Y/N?)		

Trip leader must initial each line below:

	One adult has taken position specific leadership training (i.e. "Troop Leadership"). Name (if other than trip leader) _____
	One adult has "Girls on the Move" and "Girl Scout Camping Basics", if applicable. Name (if other than trip leader) _____
	We agree to follow applicable Girl Scout council policies, federal and state laws and Safety Activity Checkpoints.
	All adults participating have cleared their background checks as per policies and procedures for volunteers.

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	All participants/guardians have been informed of the travel plans including, but not limited to, departure and arrival times, all destinations and activities, emergency contact information and type of transportation.
	Adult in charge will follow all Safety Activity Checkpoints.
	Leader will ensure that licensed, responsible adult drivers (18 years or older) are familiar with council policies and emergency procedures.
	Signed permission form for each girl with up-to-date health information from each girl's parent/guardian is in trip leader's possession at all times.
	A copy of each girl's signed permission form, with health history, is given to each driver.
	Each participant will carry current personal identification.
	Any men in attendance have separate sleeping quarters and bathrooms.
	Emergency contact has a copy of the itinerary and roster of who is attending. This person understands they are responsible for knowing the whereabouts of the group at all times.
	Insurance has been purchased for overnights lasting more than two nights and/or non-registered trip participants

Section 3: Insurance Information

Purchase insurance 3 weeks prior to departure date. Call Portland Service Center: 503-977-6800/800-338-5248

1 day, no overnight No trip insurance needed	3 overnights: Trip Insurance needed
1 – 2 overnights: No trip insurance needed	3+ overnights: Apply for Extended Travel

Length of trip:	0	1	2	3	overnights	Insurance Purchase date:	____/____/_____
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Insurance must be purchased for non-registered members participating in the trip.

# of non-registered youth		Insurance purchase date	____/____/_____
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# of non-registered adults		Insurance purchase date	____/____/_____
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Section 4: Budget Information

Total income to pay for trip should equal expenses

Trip Planned Expenses:		Travel planning Income:	
Transportation		Troop/group treasury	
Accommodations		Family/girl	
Food		Troop money-earning	
Program/event fees		Program certificates	
Emergency fund		Other	
Spending money		Other	
Other		Other	
TOTAL		TOTAL	
Expected \$/participant:			

By signing this, I am verifying that the information here is true to the best of my knowledge.

Troop Leader Signature:

Date: ____/____/_____

Section 5: For ETC use only

Approved:

Not Approved:

Event/Travel Coordinator Name:	
Event/Travel Coordinator Signature:	Date: ____/____/_____

ETCs &/or SU Managers may not approve an NOI for their OWN TROOPS; submit forms to program staff liaison for approval.