



Extended Trip - Application & Budget

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Please complete this form and return it to the program coordinator at least **six months** in advance of your planned trip.

Troop/Group # _____ Service Unit # _____ Dates of Trip: From _____ To _____

Adult in Charge _____ Phone #: Day _____ Evening _____
Street City State Zip

Mailing Address _____

Email Address _____

Other Adult Chaperones (all must go through the Volunteer Application Process): _____

Final Destination _____ State _____ Country _____

I understand all of the following requirements must be met at least six weeks prior to the scheduled departure date for this trip:

C	I	NN	(C=Completed, I-In Progress, NN=Not Needed)		
			"Troop Leadership"	Name	Date (mm/dd/yy)
			"Girls on the Move"	Name	Date (mm/dd/yy)
			"Extended Trips"	Name	Date (mm/dd/yy)
			Currently Certified First Aid	Name	Expires (mm/dd/yy)
			Currently Certified CPR	Name	Expires (mm/dd/yy)
			First Aider II	Name	Expires (mm/dd/yy)
			Adult/Girl ratio verified: circle level DA BR JR CAD SR AMB # of Girls _____ # of Adults _____		
			First Aid kit in vehicles or with group		
			All Safety Activity Checkpoints have been reviewed and will be met		
			Lifeguard Certification - For all water activities offered including use of hotel swimming pools	Name	Expires (mm/dd/yy)
			Small Craft Safety Certification	Name	Expires (mm/dd/yy)

Please indicate all of the following that apply:

- Primitive camping (NO water, toilets or electricity)
- Community buildings (youth center, church, etc.)
- Travel within the council
- Travel within USA
- Hotels
- Personal home/cabin
- Camping in established campground
- Backpacking
- Hostels
- Travel internationally (must be at least a Cadette Girl Scout at time of travel)

Proposed method(s) of transportation _____

I hereby verify that the above information is correct and that I will follow all Council policies, standards and procedures and Safety Activity Checkpoints in regards to extended trips.

Signature of Adult in Charge _____ Date _____



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We understand these amounts are estimates only - make your best guess. You should revisit this budget as final trip plans are formalized.

Preliminary Budget

Expenses	Total	Per Person
Admission Fees	_____	_____
Lodging/Site Fees _____ <small>type of lodging</small>	_____	_____
Transportation	_____	_____
Food	_____	_____
Insurance	_____	_____
Other	_____	_____
Other	_____	_____
Other	_____	_____
SUBTOTAL	_____	_____
<i>Add 10% Emergency Fund</i>	_____	_____
TOTAL PROJECTED EXPENSES	_____	_____

Income	Total	Per Person
Group Income (Money-Earning Goal)	_____	_____
Girl Income (Family Portion)	_____	_____
Transportation	_____	_____
Other	_____	_____
Other	_____	_____
TOTAL PROJECTED INCOME	_____	_____

Any special circumstances that affect the budget? _____

Submit completed forms to Girl Scouts OSW, attention "Program Coordinator", at one of the following service centers:

1577 Pearl Street, Suite 300
Eugene, OR 97401

9620 SW Barbur Blvd.
Portland, OR 97219

FOR OFFICE USE ONLY Date Received _____ Program Coordinator Review Date _____

Approval? _____ Conditional? _____ Denied? _____

Reason _____

Leader Notified _____ By _____ Date _____

_____ Copy sent to membership staff _____ Reviewed & confirmed chaperones approval through volunteer application process