

Intent to Plan International Travel

This form must be submitted 1-2 years prior to international

Please mail, fax or e-mail form to:
 Angela Musial
Girl Scouts of Northern Illinois
Rockford Resource Center
 1886 Daimler Road
 Rockford, IL 61112
 F: 847-741-5667
 customercare@girlscoutsni.org

Troop/Group # _____
 Program Level _____
 Trip Leader/Advisor _____
 Home phone _____
 Other phone _____
 E-mail _____
 Address _____
 City _____ State _____ Zip _____

Trip Location _____
 Number of Girls Attending _____ Number of Adults Attending _____
 Projected Date of Departure _____ Projected Date of Return _____

Trip is longer than 3 days/2 nights. Extended Girl Scout insurance will be purchased* Yes No Not Applicable

Adult with indoor overnight training attending trip _____
 Adult with outdoor camping training attending trip _____
 (If sleeping outdoors)
 Adult with current First-Aid/CPR training attending trip _____

Type of Transportation: Bus Train Private Car Plane
 (Check all that apply)
 Rented Vehicle: Bus Car (Note: Rental of 15-passenger van is prohibited) Not Applicable

ALL CONTRACTS FOR VEHICLE RENTAL MUST BE APPROVED BY COUNCIL STAFF PRIOR TO RENTAL.

Type of Accommodations: Hotel/Motel Cabin/Lodge Tent Other _____
 (please indicate what type)

We are planning on taking part in money earning projects to help offset the cost of this trip**
 **All money earning projects require a separate Money Earning Application which can be found on the GSNI website.
 The Money Earning Application must be turned in to Pam Schnecke at the Elgin Service Center no later than one month prior to the date of the money earning project.

*Trips lasting more than three nights are not covered by the Girl Scout Basic Activity Accident Insurance. You **must** take out additional activity insurance through GSNI. This plan would cover the entire period of the event for all participants. Contact Customer Care at 844-GSNI-4-ME or customercare@girlscoutsni.org.

Arrangements must be made to obtain the written consent of parents/guardians for every girl who wishes to participate and complete the Permission to Travel for Minors form. Emergency medical release, annual medical history and medical examination record (if needed) for each girl must be included in the troop first-aid kit and taken on the trip.

We are familiar with the policies and procedures pertaining to Girl Scout travel and activities, and have made our plans accordingly.

Leader/Advisor Signature _____ Date _____
 GSNI Representation Signature _____ Date _____

For staff use only

Date Received: _____ Date Approved: _____ Date Not Approved: _____
 If not approved, what is the reason? _____
 Date of Notification: _____ Council Signature: _____
 Next Steps/Recommendations/Comments: _____

