



# International Troop Travel Trip Itinerary Form

**This form must be submitted at least 1 month prior to international travel departure date**

Please  
E-mail form to:

**Girl Scouts of Northern Illinois**

customercare@girlscoutsni.org  
844-476-4463

This form should be completed and discussed with all participants of your trip. A copy should be filed with Customer Care at Girl Scouts of Northern Illinois (GSNI), with your Emergency Contact person, and a copy to each adult on your trip. Girl and adult medical forms should be kept separately with the First-Aider. Please refer to *Safety Activity Checkpoints* for any activities that require a Certificate of Insurance.

Destination \_\_\_\_\_  
Date of Departure \_\_\_\_\_

Departing Airport	Flight Number	Departure Time	Arrival Airport	Arrival Time

Will you have any layovers on your departure trip? \_\_\_\_\_ If so, where and what time? \_\_\_\_\_

Date of Return \_\_\_\_\_

Departing Airport	Flight Number	Departure Time	Arrival Airport	Arrival Time

Will you have any layovers on your return trip? \_\_\_\_\_ If so, where and what time? \_\_\_\_\_

### Transportation:

Will you be renting a car or van at any time during your trip?  Yes  No (Note: Use of 15-passanger vans is prohibited)

Make/Model of car(s)(if known): \_\_\_\_\_ Adult(s) who car(s) are rented to: \_\_\_\_\_

Have you provided GSNI with a certificate of insurance for any car, van, or charter bus rentals\*?  Yes  No

\*Rental of any car, van, or use of charter bus requires a current certificate of insurance on file at GSNI.

_____ Private	Company: _____	<b>Phone #</b>
_____ Leased/Rented	Company: _____	_____
_____ Bus	Company: _____	_____
_____ Train	Company: _____	_____
_____ Watercraft	Company: _____	_____

Adults listed below are driving private/leased/rented vehicles (if applicable, list additional driver(s) information on a separate sheet of paper):

Name: \_\_\_\_\_ D.L. # \_\_\_\_\_ Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name: \_\_\_\_\_ D.L. # \_\_\_\_\_ Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name: \_\_\_\_\_ D.L. # \_\_\_\_\_ Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please list any activities that you will be taking part in during your trip that require a \*\*certificate of insurance.

\*\*See *Safety Activity Checkpoints* for a list of activities that require this. Some examples are rock climbing, whitewater rafting, horse back riding, water skiing, etc.

Type of Activity	Location (Company you're doing it through)	We've provided a current Certificate of Insurance to GSNI

**Emergency Procedures**

**Emergency Action Steps**

Emergency Contact Name	Daytime Phone Number	Evening Phone Number
Primary:		
Secondary:		
Girl Scouts of Northern Illinois	1-844-GSNI-4-ME (1-844-476-4463)	1-866-841-0099

Who is the Trip Leader? \_\_\_\_\_ Who is the trip Assistant Leader? \_\_\_\_\_

Who is the First-Aider/primary care giver? \_\_\_\_\_

Who will make decisions in the event of inclement weather? \_\_\_\_\_

What is your emergency action plan for unplanned circumstances? (fire, evacuation, missing person, etc.) Attach additional sheets if needed. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has this plan been discussed with all girls and adults attending the trip? \_\_\_\_\_

How will the group keep in contact with each other in an emergency situation? \_\_\_\_\_

**Non-Emergency Action Steps**

Please discuss the Girl Behavior Agreement for Participation in International Troop Travel form. As a group, you may also add any other group agreements in the blank spaces. All participants and their parent/guardian need to sign and date the form and return to the Trip Advisor.

Breaking Behavior Agreement	Consequence
1st Offense	
2nd Offense	

What is your action plan in case one of the participants gets sick or cannot participate in an activity? Who will be responsible for staying with that person? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Sleeping Accommodations** (attach additional sheets if necessary)

Name and Type of Accommodation (hotel, hostel, campground, etc)	Check-in/Check-out Dates	Address (Include Street #, Street, City, Country)	Phone Number	Adult whose name the reservation is under
<i>Le Grand Paris Hotel</i>	<i>6/2/10-6/7/10</i>	<i>456 Bonne St. Paris, France</i>	<i>123-456-7890</i>	<i>Suzy Smith</i>

**Agency/Emergency Contact**

List information for local emergency centers (**U.S. Embassy, hospital, police, & emergency services**) for each city you are staying in.

Agency Name	Location (address, street, city, country)	Phone Number
<i>Paris General Hospital</i>	<i>123 Quiche St., Paris, France</i>	<i>123-456-7890</i>

**First-Aid and Blood-borne Pathogen Kits**

All groups are required to have this when traveling

Number of Kits	Location (Be specific)	Type of Kit (basic first aid, burn, ect)
<i>2</i>	<i>#1 Mrs. Smith's brown travel bag #2 Front pouch Ms. Miller's suitcase</i>	<i>Basic First Aid</i>

**Don't forget:**

- To send this form to Customer Care **at least 1 month prior** to your departure date
- Criminal Background Check for all adults attending this trip
- Visas (if required)
- Passports
- Permission to Travel Form for Minors: 2 original, notarized copies for each girl  
**\*Girls will not be able to board a plane or cross the border with this form!**
- Girl and Adult Health Forms (copies for trip leader and emergency contact)
- Currency exchange
- Emergency money
- A copy of this itinerary for all adults going on the trip and one left with your emergency contact



**Girl Behavior Agreement for Participation in International Troop/Group Travel**

To be completed by each participant and turned in to the Trip Leader

I understand that my attitude and behavior are critical to the success of the trip. Therefore, for the good of the trip as well as my other group members, I agree to abide by the following:

- 1) I will do my best to be sensitive to the needs of each group member.
- 2) I will respect the people, places, and cultures with whom I come in contact.
- 3) I understand that the use of tobacco, alcohol, or drugs will not be tolerated, and that usage during the trip will result in expulsion from the trip. All participants must follow the rules of their home country.
- 4) I will not come home with any piercings or tattoos that I did not leave home with.
- 5) I will not engage in amorous/romantic conduct.
- 6) I will not operate any motorized vehicles or ride on a motorcycle in accordance with *Safety-Activity Checkpoints*.
- 7) I understand that if I am sent home early due to serious misconduct, it will be at my parent's/guardian's expense and that the chaperones will make the travel arrangements and notify my parents/guardians of those plans.
- 8) I will respect and abide by the decisions made by the Trip Leader.
- 9) I will travel with a sense of wonder and a spirit of adventure.

**Add any additional group agreements below:**

- 10) \_\_\_\_\_
- 11) \_\_\_\_\_
- 12) \_\_\_\_\_
- 13) \_\_\_\_\_

I will do my part to make the group function in a productive manner abiding by the Girl Scout Promise and Law. I promise I will do my best to get along with the other members of the group, minimizing differences, and expanding the sisterhood.

\_\_\_\_\_  
Girl Scout Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Girl Scout Printed Name

I have discussed this contract with my daughter/ward and I believe she understands her responsibilities. I will also support this agreement.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name



# Trip Roster

A copy of the roster should be returned with this packet to the Elgin Service Center and one given to each adult on the trip as well as your emergency contact (s). Attach additional sheets if more space is needed.

**Please Print**

Girl's Name	Age	Currently registered with GSUSA (mandatory)	Cell Phone # (If applicable)	Parent/Guardian	Parent/Guardian Home/cell phone #

Adult's Name	Age	Passed GSNI Criminal Background Check (mandatory)	Currently Registered with GSUSA (mandatory)	Cell Phone # (If applicable)	Trip Role (Trip Leader, Assistant Trip Leader, First-Aider, Adult Participant, etc.)	Certifications* (First-Aid/CPR, Indoor Overnight, etc.) *Please include date of training or card expiration date



# Daily Itinerary

Each day of your trip must be accounted for, including travel days.  
Please attach additional sheets if space is needed.

City	Day/Date	Approximate Time	Activity	Location Include city, country, name of location and phone number if possible
<i>Day 1 Paris</i>	<i>Monday June 2, 2013</i>	<i>10 A.M.— 12:30 P.M.</i>	<i>Bus tour of downtown Paris</i>	<i>Paris, France Bonjour Bus Tours 123-456-7890</i>