



EXTENDED TRIP APPROVAL

Western Oklahoma, Inc. • 6100 N Robinson • Oklahoma City, OK 73105
(405) 528-GIRL (4475) • 1-800-698-0022 • FAX: (405) 418-7999

Guidelines for Trip Approval:

- ◆ Money earned for this trip can only be used to cover girl expenses and expenses of adults needed to meet Safety-Wise parent-to-girl ratios. Additional adults participating in the extended trip will need to cover all of their own expenses.
- ◆ All monies earned for this event are Girl Scout monies and can only be used for girl programs.

Application Date _____

Submit this form to Director of Programs while in the planning stages with as much information as possible and at least **two months** prior to the departure date.

GROUP INFORMATION

Adult trip leader's name _____

Address _____ City _____ State _____ Zip _____

Phone: D () _____ E () _____ C () _____ E-mail _____

Relationship to troop/group _____

Age Level BR JR CD SR Troop/Group # _____ Community Service Team _____

Number of girls planning to participate _____ Number of adults planning to participate _____

Name of Level II first-aider attending trip _____

Type of first-aid certification _____

First-Aid expiration date _____ CPR expiration date _____

TRIP INFORMATION

Time and Date of Departure _____ Time and Date of Return _____

Planned Activities _____

Places and Dates of Trip destinations:

Place of Departure	Date of Arrival	Date of Departure
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Forms of Transportation for Trip

Private car Rented/Leased car Boat Chartered Bus Train
Airline and flight number _____

Name of Driver	Driver's License Number	Tag Number and State	*Insurance Coverage	#of Seat Belts

*For trips or camping of (3) nights or longer, or a round trip distance of 350 miles or more, a minimum coverage of \$50,000 per person and \$100,000 per accident is required (\$100,000/\$300,000 is recommended). In case of accident, owner's vehicle insurance is primary.

Name, address, and telephone number of travel agency (if used): _____

TRIP BUDGET

Girl Scouts Western Oklahoma must approve all money-earning activities; use the Money-Earning Request form for approval.

Attach an itemized budget for trip. Be sure to include the cost of additional insurance required for activities lasting three nights or more.

Trip cost per person _____

Total trip cost _____

Cost covered by each person _____

Cost of additional insurance required _____

Cost covered through money-earning activities* _____

Cost covered through other sources (explain below) _____

Other sources _____

EMERGENCY CONTACTS**Emergency Contact Person at Trip Destination:**

Name: _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Phone D () _____ E () _____ C () _____

Emergency Contact Person for Group at Home:

Name: _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Phone D () _____ E () _____ C () _____

AGREEMENT

Projects must meet five (5) of the fifteen (15) leadership outcomes. Please check all that apply:

- | | |
|--|--|
| Girls develop a strong sense of self. | Girls advance diversity in a multicultural world. |
| Girls develop positive values. | Girls feel connected to their communities, locally and globally. |
| Girls gain practical life skills. | Girls can identify community needs. |
| Girls seek challenges in the world. | Girls are resourceful problem solvers. |
| Girls develop critical thinking. | Girls advocate for themselves and others, locally and globally. |
| Girls develop healthy relationships. | Girls educate and inspire others to act. |
| Girls promote cooperation and team building. | Girls feel empowered to make a difference in the world. |
| Girls can resolve conflicts. | |

By clicking this box I agree that I have consulted *Safety-Wise* and know the safety and security guidelines and activity checkpoints that must be followed. I understand that all money-earning activities must be approved and that additional insurance may be required. I agree to abide by these policies, standards and procedures.

Leader's Name _____ Date _____

FOR OFFICE USE

Approved Not Approved Reason _____

Council Signature _____ Position _____ Date _____

Notification sent Date _____ Initial _____

Money-Earning Request Approved Date _____ Initial _____

Data entered Date _____ Initial _____