

Girl Scouts of Citrus Council
341 N. Mills Avenue, Orlando, FL 32803
(407) 896-4475 or (800) 367-3906

**FINAL APPLICATION AND ITINERARY EXTENDED/OUT OF COUNCIL TRIP
FORM B-1**

For trips lasting more than 2 nights and/or trips out of Council jurisdiction. Have your Service Unit Manager sign the form and submit to the Council Trip Representative for approval.

Trip Destination(s) _____

Travel Dates: Departure _____ Return _____

Troop # _____ Service Unit _____ Program Level _____ #of girls in troop _____

of girls participating in the trip _____ # of adults participating _____

Age range of girls _____ Adults: Female _____ Male _____ Siblings _____

Trip Coordinator's Name _____

Phone (day) _____ Phone (cell) _____

E-mail _____ Street _____

City _____ Zip _____

Troop Leader's Name _____

Phone (day) _____ Phone (cell) _____

E-mail _____ Street _____

City _____ Zip _____

Emergency Contact Person(s) at Trip Destination(s)

Name _____ Trip destination _____ Phone _____

Name _____ Trip destination _____ Phone _____

over

Emergency Contact Person(s) for Troop at Home

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name and phone of accommodations _____

Activities planned _____

Certified Adults(s) required by program activities planned (i.e., First Aid/CPR Adult, BTC, etc)

ATTACH COPIES OF CURRENT CERTIFICATIONS

First Aid/CPR Adult Name _____ Certification/Expiration _____

_____ Adult Name _____ Certification/Expiration _____

_____ Adult Name _____ Certification/Expiration _____

Method(s) of Transportation

___ Private Vehicles

Names and driver's license numbers of drivers to be supplied by the group

___ Chartered Bus Bus Company Name _____ Phone: _____

___ Rented/Leased Vehicle Rental Agency _____ Phone: _____

*** For chartered/rented/leased vehicles, all agreements and contracts must be submitted to the Council to be signed by the Executive Director. (Safety-Wise, pg. 52)

___ Plane Airline _____ Flight Number(s) _____

___ Amtrak Train Number _____ Car Number _____

Public Transportation: ___ City Bus ___ Taxi ___ Hotel Shuttle ___ Ferry ___ Other (list)

Please attach a final copy of:

___ Day-by-day itinerary given to parents

___ Roster of names, addresses and telephone numbers of all trip participants, including:

A list of back home alternate contact numbers

A list of emergency contact persons both at home and at the trip destinations

Phone numbers for the local hospitals and police at the trip destinations

___ Current certifications held by adults attending trip, showing name and expiration date

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Indicate below the status of your plans: (check completed items)

- Obtained the most current copy of Citrus Council Emergency Procedures
- Provided the parents and Council with a copy of final itinerary, roster and emergency phone numbers
- Obtained additional insurance for Out-of-Council Trips through the Council Service Center
- Received approval from Girl Scouts of Citrus Council on all contractual agreements

The adult in charge has read Safety-Wise, is familiar with GSUSA and GSCC policies and procedures, and the appropriately trained adults will accompany the troop on this trip.

Troop Leader's Signature _____ Date _____

Trip Coordinator's Signature _____ Date _____

Service Unit Manager's Signature _____ Date _____