

GIRL SCOUT TRIP - REQUEST TO PLAN FORM

This form is used to obtain council approval to plan an Across-the-Border to Canada, Extended Overnight (three nights or more), Regional Group, and/or International trip, as well as any and all trips involving special equipment and/or "Activities Not Listed in the Activity Checkpoints" and/or "Activities with High Risk" as referenced in Safety-Wise. This information must be submitted at least six months to three years in advance of the trip, depending on the type of trip. Within 10 business days of receipt of your request, you will be notified of the status of your request. This form must be approved before girls proceed with further planning. Refer to the section on Girl Scout Trips in the River Valleys' Council Reference Guide or website for more information.

Program Grade Level/Grade: _____ Troop #: _____ Service Unit: _____

Leader's Name: _____ Date Form Completed: _____

Address/City/State/Zip: _____

Day Phone: _____ Evening Phone: _____

E-mail Address: _____

Co-Leader's Name _____ Phone: _____

Number Planning to Participate ____ Girls ____ Adults Are all participants registered? ____ Yes ____ No

Person(s) filling out this form _____

The troop works together to answer the following questions. If you do not have the completed answers to all the questions, please explain how you will go about researching the answers.

1. What other successful trips have we taken that demonstrate our abilities and readiness (i.e., how have we progressed to this point)?
2. Where are we going? Why and when?
3. Where will we stay? How will we get there?
4. How much will it cost? How will we fund it?
5. How should we get ready? What trainings and experiences should be in place for adults and girls?
6. How will we balance our trip planning with other Girl Scout activities? Will all the girls be able to go?
7. What health and safety factors must we take into consideration? Where is emergency help available?
Are there any security considerations? Which adults will have First Aid and CPR?
8. What will we do along the way, when we get there, and when we return home?
9. What are our back-up plans (i.e., if we haven't earned enough money, our itinerary changes, or a participant drops out)?
10. How will we evaluate our experience at the end of the trip?
11. Do parents/guardians understand and support this proposal?

Please answer these questions on a separate piece of paper and keep a copy for your records.

FILL OUT FORM COMPLETELY AND MAIL OR FAX TO:

ATTN: Program Department Assistant
Girl Scouts of Minnesota and Wisconsin River Valleys
Brooklyn Center Service Center
5601 Brooklyn Boulevard
Brooklyn Center, MN 55429
763-535-7524 FAX