

TROOP ADVENTURE – INTENT TO TRAVEL



GIRL SCOUTS HEART OF CENTRAL CALIFORNIA 6601 Elvas Ave., Sacramento, CA 95819

Mail to: Trip Consultant (please use the address above)

Submit Form: Extended trip — 4-9 months prior to travel
Out-of-state — 12 or more months prior to travel
International — 1-2 years prior to travel

TRIP CONSULTANT

Date rec'd _____
Approval req. sent _____

Troop #: 1279 Proposed travel date: From 11 / 10 / 2012 to 12 / 1 / 2012
(month/date/year) (month/date/year)

Proposed destination: NEW DELHI, INDIA ; NEPAL

Service Unit: SIERRA CREEK Program level at time of trip: ☐ Junior ☒ Girls 11-17

Girls registered in troop 5 # of Registered Girls Participating in Trip 1

accompanying registered adults _____ # of Tag-a-longs _____ # Add'l 1

Girl Scouts HCC recommends the following guidelines for minimum Grade/Age Troop Adventure Readiness:

3 or more nights or travel greater than 250 miles 4th grade or 9 years
Travel outside the State of California..... 7th grade or 12 years
International travel..... 9th grade or 14 years

Does the proposed trip meet council guidelines on minimum age/grade recommendations? YES

If no, please explain _____

SUPERVISION

Troop/Travel Leader: RAKESH PEER

Mailing address: _____
Street City Zip

Telephone number: Day (____) _____ Evening Number: (____) _____

Email (please print clearly) _____

Leader's travel experience: Travelled with youth groups to Costa Rica. Travelled extensively to Asia and Europe for business / pleasure

Names of supervising adults: _____ Position _____

RAKESH PEER Position CHAPERON

Position _____

Council sponsored Trip Planning training taken by: N/A (On-Line Version of Training)

Trip Planning training: ☒ Yes ☐ No When? 10/6/2012

PLANNING LOGISTICS

Purpose of trip: VOLUNTEER AND CREATE AWARENESS ABOUT
INTELLECTUAL DISABILITIES WHILE WORKING TOWARDS GOLD AWARD

Planned activities: WORK WITH LOCAL NON PROFIT ORGANIZATIONS
DEDICATED TO SERVING PEOPLE WITH DISABILITIES; COORDINATE
HEALTH/NUTRITION CAMPS

Method of transportation: (Check all that apply)

☒ Private Automobile ☐ Train ☐ Chartered Bus/Rented Vehicle ☒ Plane ☐ Boat

* If chartering a bus or renting a vehicle, complete "Authorization to Charter/Rent a Vehicle" - Form #810

Type of lodging to be used: Residence Private (Extended Family /
Host Family)

If travel agency is being used:

Name of agency: N/A

Address: _____
Street City Zip

Phone #: (____) _____ Contact Person _____

Troop activities and pretrips being planned to prepare for troop adventure: No Troop Activities;
Personal Correspondence with Hosts and Non Profit Organization
Obtaining Passport; Applying for Travel Visa.

How will trip and planning information be shared with parents prior to trip? _____

Parents are involved in process

☒ Yes ☐ No Preliminary Budget Worksheet is attached (Form #895)

Additional insurance is required for troop adventures of three (3) or more nights, where high risk activities are planned, or when chartering a bus or renting a vehicle. Please contact the council office for more information.

It is recommended that the chapter in Volunteer Essentials on "Troop Travel" be read by all supervising adults. The chapter will provide group leaders with an overview of Girl Scout travel, with information on preparation, transportation, and a checklist for travel readiness.

Please have your service unit manager and your membership director review the troops proposed plans and sign below. Mail completed "Intent to Travel" to the Trip Consultant at the Program Center.

Signature: _____ Date: 10/6/2012

Troop Leader/Trip Leader Supervising Adult

Signature: Yolanda N. Stepka Date: 10/7/12

Service Unit Manager

Signature: _____ Date: _____

Membership Director



Budget Worksheet – Troop Adventure

Girl Scouts Heart of Central California | 6601 Elvas Avenue Sacramento, CA 95819 | www.girlscoutshcc.org

MUST ACCOMPANY TROOP ADVENTURE "INTENT TO TRAVEL" APPLICATION

Troop # 1279 Troop/Trip Leader RAKESH PEER
Trip Destination NEW DELHI, INDIA; NEPAL # of Days 20 # of Nights 20
of Girls 1 # of Supervising Adults _____ Tag-a-Longs _____ Add'l Adults 1 Total # Traveling 2
Activities Planned: VOLUNTEER AT NON-PROFITS SERVING DISABLED; CO-ORDINATE HEALTH/NUTRITION CAMPS
COST/EXPENSES ANTICIPATED (May include all or many of the items listed)

		\$ PER PERSON	\$ PER TROOP
1.	Accommodations (# of rooms reserved <u>N/A</u>) <u>Host Family</u>		
	_____ nights @ \$ _____ + tax =		_____
	_____ nights @ \$ _____ + tax =		_____
	Lodging Grand Total \$		<u>0</u>
2.	Transportation to destination and return	<u>\$ 1,500</u>	<u>\$ 3,000</u>
3.	Local Transportation	<u>\$ 100</u>	<u>\$ 200</u>
4.	Food and Tips		
	_____ Breakfasts @ \$ _____ per person		
	_____ Lunches @ \$ _____ per person		
	_____ Dinners @ \$ _____ per person		
	_____ Special Meals @ \$ _____ per person		
	_____ Snacks @ \$ _____ per person		
		<u>\$ 25.00</u> x <u>2</u> =	<u>\$ 50.00</u>
		Grand Total PP	Grand Total
5.	Pre-Trip Planning Costs (stamps, envelopes, telephone, newsletters)	<u>\$ 50.00</u>	<u>\$ 100.00</u>
6.	Entrance/Program Fees	_____	_____
7.	Additional Insurance Costs	_____	_____
8.	Special Equipment Costs	_____	_____
9.	First Aid Supplies	<u>\$ 25.00</u>	<u>\$ 50.00</u>
10.	Contingency Fund		
	(Should cover the cost of 1 nights lodging plus meals)	<u>\$ 50.00</u>	<u>\$ 100.00</u>
11.	Required Emergency I.D. Bracelets (Safety-Wise, pg. 93)	_____	_____
12.	Other _____	_____	_____
	_____	_____	_____
	_____	_____	_____
13.	Add 10-15% for mis-estimate	_____	_____
	TOTAL ESTIMATE TO TRIP COST	<u>\$ 1,750.00</u>	<u>\$ 3,500</u>

INCOME ANTICIPATED

	\$ AMOUNT
Amount currently in troop account	<u> </u>
Fall Product Program (magazines and nuts/chocolates)	<u> </u>
Girl Scout Cookie Program	<u> </u>
Other 1. <u>Personal Funds</u>	<u>3,500.00</u>
2. <u> </u>	<u> </u>
3. <u> </u>	<u> </u>
4. <u> </u>	<u> </u>
GRAND INCOME TOTAL	\$ <u>3,500</u>

What is the plan for using money earned in the event the trip does not materialize?

N/A

What is the agreed upon plan for handling the money if individual girls drop out of the trip or if new girls join?

N/A

What is the plan if the troop does not make the projected income?

N/A

Yes / No

Additional Money Earning

Yes / No

Alter Trip Plans

Yes No

Girls and Parents Pay More

If Yes, how have parents agreed to this?

If expenses exceed the budgeted estimate
of trip cost ; parents will pay for it.

**TROOP ADVENTURE
EMERGENCY INFORMATION**

Submit Form 2-4 Weeks Prior to Travel

Troop #: 1279 Destination: NEW DELHI, INDIA ; NEPAL

Dates of Trip: 11/10/2012 - 12/1/2012

Troop Leader/Trip Leader RAKESH PEER (ADULT SUPERVISOR)

"At Home" Emergency Contact Person:

Name RENU PEER

Address _____

Telephone: Day () _____ Evening () _____

Emergency Contact Plan AT Destination:

Contact Name RAKESH PEER Relationship FATHER OR ☐ Cell ☐ Pager ☐ Other _____

Contact Number: Day () _____ Evening () _____
(Country Code/Area Code)

Alt. Contact Name A. K. PEER Relationship GRANDFATHER OR ☐ Cell ☐ Pager ☐ Other _____

Contact Number: Day (91) (120) _____ Evening (91) (987) _____
(Country Code/Area Code)

☒ Yes ☐ No Emergency Contact has a list of all girls and adults who are on the trip along with name and telephone numbers of each parent or guardian and alternate emergency contact.

☒ Yes ☐ No Emergency Contact has a complete itinerary of the trip, including lodging, activities, hospitals, and knows where the troop may be contacted each day. Any changes will be called in to emergency contact.

☒ Yes ☐ No Emergency Contact knows car licenses and/or public transportation company and contact number.

☐ Yes ☐ No N/A How is contingency fund accessed in the event of emergency? Self-Paid; No Troop Contingency Funds
Contingency funds should be returned to the troop treasury or parents if is not needed during the trip.

☒ Yes ☐ No Trip leader or other supervising adult(s) will carry permission forms, notarized if necessary.

See other side for a list of girls and adults going on the trip.

Mail to:
Trip Consultant
Girl Scouts Heart of Central California
6601 Elvas Avenue
Sacramento, CA 95819

For international trips roster must be typewritten!

#891 - rev. 3/10-DI:pm

Troop Adventure Request for Approval

 Date Rec'd _____
 Approval Sent _____
 M.D. Notified _____


GIRL SCOUTS HEART OF CENTRAL CALIFORNIA 6601 Elvas Ave., Sacramento, CA 95819

Mail form 3 months prior to travel to: Trip Consultant (please use the address above)

Troop #: 1279 Program Level GIRLS 11-17 Service Unit SIERRA CREEKTroop/Group Leader: RAKESH PEER (SUPERVISING ADULT) Email: _____Mailing Address: _____
(Street) (City) (Zip)

Telephone Number: Day _____ Evening Number: (____) _____

TRIP LOGISTICS

Departure Date: 11/10/2012 Time: AM Return Date: 12/1/2012 Time: 1 PM
(month/day/year) (month/day/time)

Method of Transportation Being Used: (Check all that apply)

☒ Plane Airlines STILL CHECKING FOR BEST DEALS

Departure Flight # _____ Connecting Flight # _____ City _____

Return Flight # _____ Connecting Flight # _____ City _____

WILL SUBMIT WHEN TICKETS ARE PURCHASED☐ Private Automobile

Rest stops have been planned _____ Relief drivers are available _____

Drivers' Names _____ DL# _____ State _____ Exp. _____

_____ DL# _____ State _____ Exp. _____

_____ DL# _____ State _____ Exp. _____

☐ Train Name _____ Departure Train # _____ Return Train # _____☐ Boat Name _____ Departure From _____ Return To _____☐ Chartered Bus/Rented Vehicle Council authorization received ☐ Yes ☐ No

* If chartering a bus or renting a vehicle, complete "Authorization to Charter/Rent a Vehicle" Form #810

Lodgings: (Use separate sheet of paper if needed.)

Lodgings #1: _____ NOIDA (91) 120
Name City PhoneNearest Hospital(s): GREATER APPOLLO NOIDA (91) 120
Name City PhoneLodgings #2: _____ 31) _____
Name City PhoneNearest Hospital(s): NEPALGUNJ MEDICAL HOSPITAL NEPALGUNJ _____
Name City Phone

— OVER —

☐ Yes ☒ No

Final Trip Itinerary is attached. On separate piece of paper attach a copy of your final trip itinerary, detailing where you will be each day and each day's planned activities. For international travel, include U.S. Embassy & Consulate offices. (WILL BE MAILED SEPARATELY UPON CONFIRMATION)

☒ Yes ☐ No

Additional insurance has been secured with rosters.

☒ Yes ☐ No

Medical exams within the past 24 months and current health histories within the past 6 months have been obtained for all girls and adults participating on a trip lasting 3 or more nights.

☒ Yes ☐ No

Emergency plans and first aid procedures have been developed and reviewed by all. Emergency plans should include lost participant, requesting emergency help, minor & major medical incidents, vehicle emergencies, and behavior infractions.

☒ Yes ☐ No

Emergency ID bracelets as described in Safety Wise have been secured. (Pg. 93)

☒ Yes ☐ No

For international travel, parent permissions have been notarized.

SUPERVISION

Supervising Adults Other than Troop Leader

Name RAKESH PEER Position CHAPERON Phone (925) 525-2129

Name _____ Position _____ Phone (_____) _____

Name _____ Position _____ Phone (_____) _____

Copies of certifications **MUST** be attached No Swimming / Camping

Certified First Aider _____ Expiration _____

Certified Lifeguard _____ Expiration _____

Certified Troop Camper _____ Year Completed _____

FINAL BUDGET

Trip Cost Per Person \$ \$ 1,750

Total Troop Cost \$ \$ 1,750 x 2 = \$ 3,500

Cost Covered By Each Person \$ 1,750 x 2 = \$ 3,500

Cost Covered Through Money Earning Activities \$ 0

Cost Covered By Other Sources \$ 0

Describe:

FAMILY IS USING PERSONAL FUNDS

I have worked with the girls and feel that our trip and activities are well planned, that all necessary arrangements have been made, and that all Safety Wise and other council procedures and standards have been met.

Signature: [Signature]

Troop Leader/Trip Leader

Date: 10/5/2012

After receiving all plans and budget, approval for the above planned trip is given.

☒ Yes ☐ No

Signature: [Signature]

Trip Consultant

Date: 10-10-12



Final Budget Worksheet – Troop Adventure

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MUST ACCOMPANY TROOP ADVENTURE "REQUEST FOR APPROVAL" APPLICATION

Troop # 1279 Troop/Trip Leader RAKESH PEER
Trip Destination NEW DELHI, INDIA; NEPAL # of Days 20 # of Nights 20
of Girls 1 # of Supervising Adults _____ Tag-a-Longs _____ Add'l Adults 1 Total # Traveling 2
Activities Planned: Volunteers at Non-Profits Serving Disabled; Co-ordinate Health/Nutrition Camps

COST/EXPENSES ANTICIPATED (May include all or many of the items listed)

		\$ PER PERSON	\$ PER TROOP
1.	Accommodations (# of rooms reserved <u>N/A</u>) <u>Host Family</u>		
	_____ nights @ \$ _____ + tax =		
	_____ nights @ \$ _____ + tax =		
	Lodging Grand Total \$		<u>0</u>
2.	Transportation to destination and return	<u>\$ 1,500</u>	<u>\$ 3,000</u>
3.	Local Transportation	<u>\$ 100</u>	<u>\$ 200</u>
4.	Food and Tips		
	_____ Breakfasts @ \$ _____ per person		
	_____ Lunches @ \$ _____ per person		
	_____ Dinners @ \$ _____ per person		
	_____ Special Meals @ \$ _____ per person		
	_____ Snacks @ \$ _____ per person	<u>\$ 25</u>	<u>\$ 50</u>
	Grand Total PP		Grand Total
5.	Pre-Trip Planning Costs (stamps, envelopes, telephone, newsletters)	<u>\$ 50</u>	<u>\$ 100</u>
6.	Entrance/Program Fees		
7.	Additional Insurance Costs		
8.	Special Equipment Costs		
9.	First Aid Supplies	<u>\$ 25</u>	<u>\$ 50</u>
10.	Contingency Fund		
	(should cover the cost of 1 nights lodging plus meals)	<u>\$ 50</u>	<u>\$ 100</u>
11.	Required Emergency I.D. Bracelets (Safety-Wise, pg. 93)		
12.	Other _____		

13.	Add 10-15% for mis-estimate		
		<u>\$ 1,750</u>	<u>\$ 3,500</u>
TOTAL ESTIMATE TO TRIP COST			

INCOME ANTICIPATED

	\$ AMOUNT
Total currently in troop account	<u>N/A</u>
Fall Product (magazines and nuts/chocolates)	<u>/</u>
Cookies Program	<u>/</u>
Other 1. <u>Personal Funds</u>	<u>\$ 3,500</u>
2. _____	_____
3. _____	_____
4. _____	_____

GRAND INCOME TOTAL

\$ \$ 3,500

What is the plan for using money earned in the event the trip does not materialize? N/A

What is the agreed upon plan for handling the money if individual girls drop out of the trip or if new girls join?

N/A

What is the plan if the troop does not make the projected income? N/A

Yes / No

Additional Money Earning

If so how: _____

Yes / No

Alter Trip Plans

Yes / No

Girls and Parents Pay More

If Yes, how have parents agreed to this? IF EXPENSES EXCEED THE BUDGET
ESTIMATE OF TRIP COSTS; PARENTS WILL PAY FOR IT.

TROOP TRAVEL INSURANCE REQUEST



GIRL SCOUTS HEART OF CENTRAL CALIFORNIA 6601 ELVAS AVENUE SACRAMENTO, CA 95819

Extended Travel (3 nights, 250+ miles)

Request Date: 10/3/2012

Trip Coordinator: RAKESH PEER

Service Unit: _____ Troop #: 1279

Address: _____ City: _____ Zip: _____

Day phone: () _____ Evening phone: () _____

Location of trip: NEW DELHI, INDIA; NEPAL

Travel start date (day you leave your home): 11/10/2012

Travel end date (day you return to your home): 12/1/2012 Total number of days: 20

Number of Adults 0

Number of Girl Scouts 1

Number of Non-Girl Scout participants 1

Total number of participants 2

I. Non-International Troop Adventures:

	A	B	C	D	
Name and location of Event	Beginning Date	Ending Date	Total # of participants	Number of Days	# of Participant days
SAMPLE: Disneyland	2/5/XX	2/9/XX	25	5	125 (A x B)

Please note: there is a minimum fee of \$5.00 per request.

II. International Troop Adventures:

	A	B	C	D	
Name and location of Event	Beginning Date	Ending Date	Total # of participants	Number of Days	# of Participant days
SAMPLE: London	2/5/XX	2/14/XX	10	10	100 (A x B)
<u>NEW DELHI</u>	<u>11/10/12</u>	<u>12/1/12</u>	<u>2</u>	<u>20</u>	<u>40</u>

Please note: there is a minimum fee of \$5.00 per request.

Please mail the white and yellow copies of this form and enclose a check made payable to

Girl Scouts Heart of Central California three weeks prior to date of trip:

Attn: Insurance Specialist
Girl Scouts Heart of Central California
6601 Elvas Ave
Sacramento, CA 95819

FOR OFFICE USE ONLY:

Date received: _____ Amount paid: _____
Check request: _____ Check & form sent: _____