



The Intent to Travel Application must be completed, signed, and submitted to GSCTX following the guidelines listed below. 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.

- National Travel:
 - Cadette, Senior, Ambassador – submit 6 months in advance
 - Brownie, Junior – submit 1 year in advance
- International Travel:
 - Cadette, Senior, Ambassador – submit 1 year in advance

TROOP/GROUP INFORMATION

Submission Date: _____ Group/Troop #: _____ Service Unit: _____
 Group/Troop Leader's Name: _____ Best Phone #: _____
 Email Address: _____
 Programs Age level(s): Brownie (3rd grade) Junior Cadette Senior Ambassador
 Number of Registered: Girls _____ Adult Females _____ Adult Males _____
 Number of Participants: Girls _____ Adult Females _____ Adult Males _____

TRAVEL EXPERIENCE

Has your group/troop planned and participated in an extended travel experience previously: No Yes
 If yes, provide a description of destination, type of trip, and type of activities: _____

TRAVEL PLANS

This is an estimate of travel plans. A final Travel Application, Travel Roster, and required certifications must be submitted 10 weeks prior to travel. All of the chaperones will be required to complete the required training sessions and the documentation must be submitted with the travel application packet.

Departure Date: _____ Departing From: _____
 Return Date: _____ Returning To: _____
 Place(s)/Country(ies) Traveling to: _____
 What is the purpose of this trip (i.e. service, eco-tourism, etc.)? _____
 List all types of transportation planned (i.e. private vehicle, plane, bus, ship, train): _____

 Are there any high risk activities on this trip? No Yes If yes, list type of activities: _____

BUDGET INFORMATION

Estimated cost per girl: \$ _____ Estimated cost per adult: \$ _____ Total Budget: \$ _____
 Did/Does you group plan on participating in council-sponsored product sales? No Yes
 Did/Does your group plan on conducting any money-earning activities? No Yes

SIGNATURES

Leader/Advisor Signature: _____ Date: _____
 SUD Signature: _____ Date: _____

FOR COUNCIL USE ONLY:

Date Received: _____ Approved Not Approved
 If not approved, what is the reason? _____
 Date of Notification: _____ Council Signature: _____
 Next Steps/Recommendations/Comments: _____
