



Girl Scouts of Southeastern Michigan

## Intent for International Travel

Intent for International Travel form must be completed and submitted to GSSEM by all troops/groups three to six months prior to international travel. (Not required for travel to Canada.). You will be notified of the decision of your request within (10) business days of receipt of this form. This form must be approved before girls proceed with further planning.

Date: \_\_\_\_\_ Troop Number: \_\_\_\_\_

Troop Leader: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Co- Leader: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Main Contact Person for this trip: \_\_\_\_\_

Program Level (all that apply): ☐ Junior ☐ Cadette ☐ Senior ☐ Ambassador

Has your group planned and participated in a travel experience previously? ☐ Yes ☐ No

Departure Date: \_\_\_\_\_ From: \_\_\_\_\_

Return Date: \_\_\_\_\_ To: \_\_\_\_\_

Country(ies) Travelling to: \_\_\_\_\_

What is the purpose of this trip (i.e. service, eco-tourism, etc.)? \_\_\_\_\_

Type of transportation planned (i.e. plane, trains, rental cars, tour bus): \_\_\_\_\_

If flying, please provide airline and flight information: \_\_\_\_\_

Airline and Flight Number: \_\_\_\_\_

Date of departure: \_\_\_\_\_ Airport: \_\_\_\_\_

Airline and Flight Number: \_\_\_\_\_

Date of Return: \_\_\_\_\_ Airport: \_\_\_\_\_

Number of Registered Girl Scouts going on trip: Girls \_\_\_\_\_ Adults \_\_\_\_\_

Number of Non-Girl Scout Participants going on trip: Girls \_\_\_\_\_ Adults \_\_\_\_\_

Estimated cost per girl: \$ \_\_\_\_\_ Estimated cost per adult: \$ \_\_\_\_\_ Total Budget: \$ \_\_\_\_\_

Does your group plan on participating in council-sponsored product sales? ☐ Yes ☐ No

Does your group plan on conducting any money-earning activities? ☐ Yes ☐ No

### Additional Insurance

For international trips, you must contact GSSEM at least 4-6 weeks prior to the start of your trip to purchase Additional Accident and/or Sickness Insurance. **Additional insurance must be purchased for the entire period of the travel (including departure and return days) for 100% of the participants.** PLAN 3PI (International Accident and Sickness Insurance, is REQUIRED for International Travel). Refer to Volunteer Essentials for information about insurance coverage. For questions or to purchase insurance, contact our Office Manager at (313) 870- 2514.

**Activity Checklist** (Check “Yes” or “No” for the following statements.)

YES NO

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|--|--|--|
| All standards and guidelines (including money earning) as stated in <i>Volunteer Essentials</i> and the <i>Safety Activity Checkpoints</i> will be adhered to.   |  |  |
| Additional insurance will be purchased for ALL participants prior to international travel.   |  |  |
| Parental Permission Form and Permission to Travel Internationally form have been received from all girl participants and Health History and Emergency Medical Authorization forms have been received from all participants.        |  |  |
| Appropriate girl/adult ratios will be met. Emergency procedures have been developed and discussed with all participants.   |  |  |
| All participants have or will have a valid Passport at the time of travel. It is encouraged that each participant provides a photo copy of their passport to the adult in charge and a copy is left home with the parent/guardian. |  |  |
| An itinerary of the trip listing hotels, cities, modes of transportation is attached to this form for approval.  |  |  |
| A roster of all participants (girls and adults) along with their emergency contact information is attached to this form for approval.  |  |  |
| All participating adults will have phone numbers of the Council office number (M-F, 8:30 am–5:00 pm), call 800-482-6734 and After Office Hours (Answering Service to leave a message): 800-887-9892                                |  |  |

### Leader Agreement

I, and all adult volunteers participating in this trip/activity, have reviewed all of the policies, procedures and guidelines of the Girl Scouts of Southeastern Michigan and Girl Scouts of the USA as stated in Volunteer Essentials and the Safety Activity Checkpoints and agree to follow them.

Signature of Leader: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete and submit this form, the trip itinerary and roster of all participants along with their emergency contact information to:

Heather O'Connor  
Volunteer Experience Specialist  
Gateway Centre  
5400 Gateway Centre Dr, Suite B  
Flint, MI 48507  
Email: hoconnor@gssem.org

### For office Use Only:

Date Received: \_\_\_\_\_ This trip is approved ☐ Yes ☐ No

If not, state reason(s): \_\_\_\_\_

Council Signature: \_\_\_\_\_ Date: \_\_\_\_\_