

Accommodations

Name of Facility	Address	Phone	Dates of Check-in & Check-out

Travel Agency (or website), if applicable:

Name _____ Website _____ Phone _____

Anticipated Expenses		Budget	
		Anticipated Income	
Type	Amount	Source	Amount
Transportation	\$ _____	Savings (previous yrs.)	\$ _____
Housing	\$ _____	Cookie Program (current yr.)	\$ _____
Meals	\$ _____	Family donations/contributions	\$ _____
Insurance*	\$ _____	Money-earning project**	\$ _____
Activity fees	\$ _____	_____	\$ _____
	\$ _____	_____	\$ _____
	\$ _____	_____	\$ _____
Other	\$ _____	_____	\$ _____
Total expenses	\$ _____	Total income	\$ _____

*Extra insurance must be purchased for all trips lasting more than 2 nights.

**Money-earning projects must be approved by the council. Refer to the *Volunteer Essentials* for information; application form is available on at www.girlscouts.org.

Note: *Annual, Overnight Trips* and *Medical Permission* forms must be reviewed and completed by all parents/ guardians following approval of the *Special Activity Application*. Group leaders must have copies of the forms during the trip.