



Troop Activity Request - TAR

This Troop Activity Request Form is required to be completed for the following:

- Any High Adventure Activities (Vendors must be on the approved vendor list).
- Applies to any overnight activity lasting two nights or fewer that is not registered directly through the Girl Scouts of Citrus (GSC) registration system or at approved location in the state of Florida (must have a current Troop Camper if camping).
- Overnight lock-ins/sleepovers at an approved community partner/vendor site.
- Backyard Campouts (Must have a current Troop Camper and complete residential form).

Troop Contact Name: _____ Troop # : _____ Community: _____

Contact # _____ Email: _____

Number of Participants: DY ____ BR ____ JR ____ CD ____ SR ____ AMB ____ Female Adults ____ Male Adults ____

Troop First Aider Name: _____ Certification Expiration: _____

Location Name: _____ Location Address: _____

Point of Contact: _____ Contact # _____

Date(s) of Activity: _____ Time(s) of the activity: _____

Select your choices from the drop down: Type of Activity Type of Location

Please describe what activities you will be participating in: Ropes Course, Campfire, Swimming, etc.

Always have the following items with you:

- | | |
|---|---------------------------------|
| ✓ GSC Emergency Procedures | ✓ General First Aid Kit and Log |
| ✓ Completed Rosters/Permission Forms | ✓ Waivers if Applicable |
| ✓ Annual Health History forms for all adults and youth with all current medications | ✓ Insurance Claim Forms |
| | ✓ Accident/Incident Forms |

Reminders:

- Submit this TAR to your Community Safety Coordinator (CSC) a minimum of **two weeks** prior to the date for approval. Upon approval an email to the person that submitted it, copying their Operations Lead.
- This form is **NOT** for Troop camping/travel that is more than 2 nights, and/or outside of the state of Florida – For these trips be sure to complete the Travel Packet and submit to Customer Care.
- All troops must always have their own Troop First Aider with them and present at all activities.
- Keep a copy of all your paperwork.

As the person responsible for this troop, I have checked all applicable guidelines according to the Safety Activity Checkpoints, Volunteer Essentials, and any other specific guidelines. I have verified that all adults/ girls are aware of the protocols and all girl/adult ratios have been met:

Volunteer Name: _____ Volunteer Signature: _____ Date: _____

CSC Name: _____ CSC Signature: _____ Approval Date: _____