



Individual Girl Activity Request - IGAR

This Individual Girl Activity Request Form is required to be completed anytime a Juliette or a girl that is part of an active troop wants to participate in any approved event or activity, without their troop. This includes, but is not limited to the following activities:

- Any High Adventure Activities (Vendors must be on the approved vendor list).
- Day/Overnight trips that take place at any location, including GSC properties.
- Overnight lock-ins/sleepovers at an approved community partner/vendor site.
- Backyard Campouts – there must be a Troop Camper on site and an approved residential form.
- To attend/participate in an approved Camporee.
- To attend any overnight or camping trip that is 2 nights or less, with an approved location in the state of Florida - there must be a Troop Camper on site.

Reminders

- When attending events as an individual girl, there must always be a parent/guardian with a current membership and an approved CBC, that will be attending and that is responsible for their Girl Scout unless it is a drop off event.
- Parents will need to complete and submit this form to the Community Safety Coordinator (CSC) no less than 2 weeks prior to the date of the activity. Keep a copy of all your paperwork. Once the CSC approves the activity, they will send the approval email to the parent, Operations Lead, & Juliette Coordinator.
- First Aiders will be provided at the events, so no additional First Aider will be required.
- This form is **NOT** for any overnight/ 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.

Parent/Guardian Name: _____ Troop #: _____ Community: _____

Contact # _____ Email: _____

1) Participant Name: _____ Troop #: _____ Community: _____

Program Level: DY ___ BR ___ JR ___ CD ___ SR ___ AMB ___ Grade: _____

2) Participant Name: _____ Troop #: _____ Community: _____

Program Level: DY ___ BR ___ JR ___ CD ___ SR ___ AMB ___ Grade: _____

Location Name: _____ Location Address: _____

Point of Contact: _____ Contact # _____

Date(s) of 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.

As the parent/guardian responsible for this Girl Scout, I have checked all applicable guidelines according to the Safety Activity Checkpoints, Volunteer Essentials, and any other specific guidelines and I will be sure to comply with all guidelines and ensure that my Girl Scout does as well:

Parent/Guardian Name: _____ Signature: _____ Date: _____

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