



Troop Activity Request - TAR

Date Submitted: _____ Troop/Group #: _____ Grade Level: _____ Service Community: _____

When an activity takes place that is outside the normal meeting time and/or place, permission must be obtained by submitting this Troop Activity Request (TAR) form. This form must always be submitted whenever you are using troop funds to pay for any part of an activity. Submit this completed form to the Service Community Administrative Support Team member, **AT LEAST TWO MONTHS** in advance for a high adventure activity or extended travel, **ONE MONTH** in advance for all overnight camping/travel (2 nights or less) or **TWO WEEKS** for all other planned activities that do not require additional approval or insurance. The original will be kept in the service community files and one copy will be returned to the troop co-leader. Also attach the completed participant roster with this form.

Select the activity from column A and the type of activity from column B

Column A

Column B

- | | |
|---|--|
| 1) Day Trip | 1) Type: _____ |
| 2) Overnight Trip (2 nights or less) | 2) Camping Hotel/Other |
| 3) Trip/Travel (3 nights or more -requires Travel Packet) | 3) Camping Hotel/Other |
| 4) High Adventure (requires High Adventure Application) | 4) Aquatics Ropes/Rock Wall |
| | Target Sports Horseback |

Location Name: _____ Address: _____

Is the event a Council Sponsored Event (Did you register through MYGS) Yes No

Date(s) of the event: _____ Times of activity: _____ to _____

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

Type of transportation: _____ Drivers if Applicable _____
Drivers if Applicable _____

Emergency Contact while on the trip/activity: _____ Phone: _____

Please list the following information, with name, expiration dates and attach copy of all certifications:

- | | | |
|--|------------|-----------|
| First Aider or equivalent (required with any trip outside the meeting place) | Name _____ | Exp _____ |
| Appropriate level of Outdoor Training (required for overnight camping) | Name _____ | Exp _____ |
| Lifeguard Certification - if not provided by facility (required for all swimming activities) | Name _____ | Exp _____ |
| Small Craft Certification - if not provided by facility (required for all watercraft activities) | Name _____ | Exp _____ |
| Archery/Other Certification - if not provided by facility (required for all target sports) | Name _____ | Exp _____ |

The following items should always be with a designated adult(s) during all activities outside the meeting place:

- | | | |
|----------------------------|----------------------------------|---|
| ✓ Accident Report | ✓ Parent permission Forms | ✓ Vehicle Checklist - whenever driving girls |
| ✓ Insurance Claim Forms | ✓ Completed Participation Roster | ✓ First Aid Kit |
| ✓ GSC Emergency Procedures | ✓ Emergency Contact Information | ✓ Health History or Health Exam (if required) |

As the responsible adult for this activity/trip I have checked all applicable guidelines in Safety Activity Checkpoints and Volunteer Essentials. I have verified that any vendor being used is council approved, and all correct girl/adult ratios have been met:

Troop/Group Volunteer Signature _____ Email _____

Girl Signature

As the designated Administrative Support staff I have verified all of the information to be true and correct according to GSUSA and GSC guidelines. I have verified that activities and vendors are approved and certificates are valid to the best of my ability.

APPROVED: _____
Administrative Support Team member Date Email



Participant Roster for All Activities/Trips

(Roster must be submitted with each TAR & Travel Packet)

Please Note: All Adult Participants must be registered members and approved volunteers. Please list all girls and adults below and complete all the information including: your designated First Aider, Outdoor Skills and/or any other trained volunteers that are attending. (Be sure to include their certifications when you submit this paperwork) Review Safety Activity Checkpoints for all guidelines

Participant's Name	Adult or Girl	DOB	Participant Contact Phone (Cell)	Emergency Contact Name	Relationship to participant	Emergency Contact Phone (cell)	Certifications FA/CPR, Outdoor, Lifeguard, etc.	Certification Expiration Date (if applicable)	Background Check Expiration Date