

TROOP ACTIVITY: REQUEST FOR APPROVAL

Date Submitted: _____

When an activity takes place that is outside the normal meeting time and/or place, permission must be obtained by submitting a Troop Activity Request (TAR) form. This form must be submitted 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 a camping trip or **TWO WEEKS** for all other planned activities. The original will be kept in the service community files and one copy will be returned to the troop co-leader.

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

Type of activity: (check one) day trip overnight trip troop camping

Description of activity: _____

Dates and times of activity: from (time): _____ on (date): _____ to (time): _____ on (date): _____

Number of girls participating: _____ Destination: _____

Means of transportation: _____ Drivers: _____

Names of ALL adults accompanying the troop and their Background Check Expiration Date: _____

I have checked all applicable Safety Activity Checkpoints and verified that any vendor being used is council approved, and all correct girl/adult ratios have been met:

Horseback Riding Challenge Courses Water Activities Other: _____

Lifeguard/or person with required certification (if applicable) Name: _____

Emergency Contact Person: _____ Phone (cell): _____

ITEMS TO BE TAKEN ON THE TRIP OR PEOPLE THAT MUST PARTICIPATE:

- * Citrus Council Emergency Procedures information
- * Parent Permission for each girl
- * First aid kit
- * Medical insurance claim form
- * Accident report
- * A first aider or equivalent with expiration date
Name: _____
- * A certified Troop Camper with expiration date
Name: _____
- * Correct adult/girl coverage per grade level (see Safety Activity Checkpoints)

Current balance in troop treasury: \$ _____

Cost of activity: (Does not need to be completed if there is no cost)

Transportation	_____	Amount to be paid from
Food	_____	troop treasury:
Program	_____	\$ _____
Insurance	_____	
Other	_____	Amount to be paid by girl:
Emergency Fund	_____	\$ _____
TOTAL COST	\$ _____	

Troop/Group Volunteer signature: _____ Girl signature: _____

APPROVED: _____
Administrative Support Team member Date

NOT APPROVED for the following reason(s): _____