



# Troop Activity Request Form - TAR

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

- Annually for troop meetings (Complete residential form if meeting at a home)
- When troops want to participate in any activity outside of their regular meeting place
- Day Trips that include High Adventure Activities (Vendors must be on the approved vendor list)
- Day/Overnight trips that take place on GSC property or are hosted by GSC staff
- Overnight lock-ins/sleepovers at an approved community partner/vendor site for 1 night - that does not require any outdoor skills training ie: Sea World, KSC, WonderWorks, etc.
- To attend/participate in an approved Camporee

**Please Note:** This form is NOT for any camping or travel - please complete the appropriate travel or overnight packets for those activities and submit to Customer Care.

Please submit this form (TAR) to your Community Safety Coordinator (CSC) for approval a minimum of **two weeks** prior to the date. Please be sure to keep a copy of all your paperwork. Once the troop meeting/activity is approved by the CSC, they will send the approval email with the signed request back to the person that submitted the packet, copying their Volunteer Relationship Manager (VRM). Troop meeting requests will only need to be submitted once per membership year unless there is a location change.

Troop Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Troop#: \_\_\_\_\_ Community Name: \_\_\_\_\_

Please select the type of activity you would like to participate in: Type of Activity

Please select the type of location you will be in: Type of Location

**Troop Meetings:** Day/Date Range: \_\_\_\_\_ **Time:** From \_\_\_\_\_ to \_\_\_\_\_

**Activities:** Date: \_\_\_\_\_ **Time:** From \_\_\_\_\_ to \_\_\_\_\_

Location Information: Facility/Owner's Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Number of Participants: \_\_\_DY \_\_\_BR \_\_\_JR \_\_\_CD \_\_\_SR \_\_\_AMB \_\_\_Female Adults \_\_\_Male Adults

Please describe what activities you are participating in:

**Remember:** Troops must always have at least one currently certified Troop First Aider with them at all times

Troop First Aider Name: \_\_\_\_\_

Certification Expiration Date: \_\_\_\_\_

**Always be sure to have the following paperwork, forms, and supplies with you at all times :**

- |  |                                 |
|--|---------------------------------|
| ➤ GSC Emergency Procedures   | ➤ General First Aid Kit and Log |
| ➤ Completed Rosters  | ➤ Insurance Claim Forms         |
| ➤ Parent Permission Forms  | ➤ Waivers if Applicable         |
| ➤ Annual Health History Forms for all Adults and Girls, with Current Medications | ➤ Accident Reports              |

As the responsible adult 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 Typed : \_\_\_\_\_ Contact Email: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CSC Name: \_\_\_\_\_ CSC Signature: \_\_\_\_\_

# Participant Roster for All Activities



(Roster must be submitted with each Activity Request Form)

Troop Meeting  Event/Activity  Name of Event/Activity  Date:

**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