

# TROOP ACTIVITY: REQUEST FOR APPROVAL

Date Submitted: \_\_\_\_\_

This form must be submitted to the service unit coordinator or troop consultant **AT LEAST ONE MONTH** in advance for a camping trip or an activity out of council jurisdiction or **TWO WEEKS** for all other planned activities. The original will be kept in the service unit files and one copy will be returned to the troop leader.

Troop #: \_\_\_\_\_ Age Level: \_\_\_\_\_ Service Unit: \_\_\_\_\_

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

Description of activity: \_\_\_\_\_

Dates and times of activity: from \_\_\_\_\_ on \_\_\_\_\_, to \_\_\_\_\_ on \_\_\_\_\_

Number of girls participating: \_\_\_\_\_ Destination: \_\_\_\_\_

Means of transportation: \_\_\_\_\_ Drivers: \_\_\_\_\_

Names of ALL adults accompanying the troop: \_\_\_\_\_

## Requests for permission attached:

\_\_\_\_\_ Ocean Swimming \_\_\_\_\_ Commercial Water Attractions \_\_\_\_\_ Litter Cleanup

Certified Lifeguard (if required) Name: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

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

- \* Emergency Procedures information
- \* Troop Activity: Parent Permission for each girl
- \* Girl Health History Record for each girl
- \* First aid kit
- \* Medical insurance claim form
- \* A first aider or equivalent (if required) Name: \_\_\_\_\_
- \* A certified camper (BTC qualified) (if appropriate) Name: \_\_\_\_\_
- \* Correct adult/girl coverage per age level (see *Safety-Wise* adult leadership, pg. 69)

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 troop treasury:
Food	_____	
Program	_____	_____
Insurance	_____	Assessment per girl:
Other	_____	
Emergency Fund	_____	_____
TOTAL COST	\$ _____	

Troop Leader signature \_\_\_\_\_ Girl Member signature \_\_\_\_\_

**APPROVED:** \_\_\_\_\_  
Service Unit Manager or Troop Consultant Date

**NOT APPROVED** for the following reason(s): \_\_\_\_\_

- \* **White** - Service Unit
- \* **Canary** - Membership Marketing Manager
- \* **Pink** - Troop Leader