

ACTIVITY APPROVAL REQUEST - print or type

Refer to Safety-Wise

TYPE OF ACTIVITY (CHECK ALL THAT APPLY)

- Simple Overnight (Non-camping, camping & trips)
- Extended Trip (non-camping, camping & trips) of 3 nights or more
- Additional Money-Earning Project
- Special Site, Equipment and/or Instructor
- Sensitive and/or Controversial Topic
- Cooperative Project with other Organization
- Site Agreement OR Transportation Charter
- Attach contract for authorized signature
- High Risk Council Approval - send directly to Council 6 weeks before event

Troop/Group # _____ Service Unit # _____

Number of Participants:

Girls: # Daisy ____ # Brownies ____ # Juniors ____

Girls 11-14 ____ # Girls 14-17 ____

Individual Members ____ **Total # Girls** ____

Adults: # Female ____ # Male ____ **Total # Adults** ____

Leader or Event Coordinator _____ Phone (H) (____) _____ (W) (____) _____

Address _____ City _____ Zip _____

ACTIVITY INFORMATION: Value to Girls (check all that apply)

- Develop Individual Potential
- Develop Values
- Relate to Others
- Contribute to Society

Description of Activity: _____

Preparation, Training and Safety precautions planned: _____

Location(s) _____

Start Date _____ Time _____

End Date _____ Time _____

If money earning project - reason additional money needed: _____

ACTIVITY BUDGET

Total Cost \$ _____

Troop/Group Will Pay \$ _____

Each Girl Will Pay \$ _____

Each Adult Will Pay \$ _____

Other Income Source \$ _____

Money Earning Project ONLY

Profit Anticipated \$ _____

CERTIFIED ADULTS (If applicable)

MUST ATTACH COPIES OF ALL CERTIFICATIONS FOR EXTENDED TRIPS ONLY.

First Aider/CPR

Name _____ Date Certification Expires _____

Check type of certification:

American Red Cross Emergency Medical Planning

National Safety Council Council approved course _____

American Heart Assoc. _____

Tejas Council Troop Camp Trained Adult - Council Policy

Name _____ Date Certification Expires _____

Trained Activity Supervisor(s) (life guard, Canoe Instructor etc.)

Name _____ Date Certification Expires _____

Activity/Type of Certification _____

Name _____ Date Certification Expires _____

Activity/Type of Certification _____

TRANSPORTATION INFORMATION

Private: Number of Vehicles _____

Leased: Number of Vehicles _____

Public (Regularly Scheduled)

Plane Bus Train Boat

Chartered Bus - Company Name _____

Transportation Charter must be attached or submitted as soon as possible for council signature.

EMERGENCY CONTACT ADULT

Name _____ Phone (H) (____) _____ (W) (____) _____

SAFETY-WISE HAS BEEN CONSULTED AND GUIDELINES WILL BE FOLLOWED AS WILL THE POLICIES OF GSUSA AND TEJAS GIRL SCOUT COUNCIL. PARENT PERMISSION HAS BEEN OR WILL BE OBTAINED.

Signature of Adult Leader or Event Coordinator _____ Date _____

Approval Given By _____

Phone (H) (____) _____ (W) (____) _____ Date _____

Check Position: S.U. Troop Consultant

S.U. Manager

Membership Dev. Director

Other _____