

**TROOP PERMISSION REQUEST FOR CAMPING, OVERNIGHTS,  
WATERSPORTS AND ADVENTURE ACTIVITIES (TP103)**

**Trip Type – circle all that apply.**

High-Risk Activity      Overnight Trip      Domestic Trip      International Trip

For assistance filling out this form, refer to “How to Fill out and When to Use a TP103”, available on the council website.

**Section I: All Required Permissions** - complete for all activities requiring permission.

Date of this request \_\_\_\_\_

Activity beginning/ending date(s) \_\_\_\_\_ Location/destination \_\_\_\_\_

Troop No. \_\_\_\_\_

Leader/Adult in charge \_\_\_\_\_ Tel. DAY \_\_\_\_\_ EVE. \_\_\_\_\_

Best number to reach you at during the event: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Tel. DAY \_\_\_\_\_ EVE. \_\_\_\_\_

*Emergency Contact has a copy of the troop/group trip roster with each participant's emergency contact information.*

Certified First Aid Adult (for ALL activities): \_\_\_\_\_

Expiration Dates for First Aid \_\_\_\_\_ CPR \_\_\_\_\_ (Required: attach copy of certification to request.)

At most, Emergency Medical Services response time will be (circle one): <15 minutes    15-30 minutes    30+ minutes\*

\*Per *Volunteer Essentials*, If 30+ minutes first aider must be Wilderness First Aid (WFA) or Wilderness First Responder (WFR)\*

Description of planned activities: \_\_\_\_\_

Number of GIRLS \_\_\_\_\_; ADULTS \_\_\_\_\_; NON-MEMBERS \_\_\_\_\_ (EXTRA INSURANCE PURCHASED )

# of girls per grade level: \_\_\_\_\_ Daisy \_\_\_\_\_ Brownie \_\_\_\_\_ Junior \_\_\_\_\_ Cadette \_\_\_\_\_ Senior \_\_\_\_\_ Ambassador

# of adults (including parents): \_\_\_\_\_ Women \_\_\_\_\_ Men \_\_\_\_\_ # of boys (under 18) \_\_\_\_\_ # of non-Girl Scout girls

**Please attach a roster of all girls attending this trip.**

Participating Adults: (Must be registered and have background check – SUM to check boxes of adults on “Approved” list)

<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Transportation (describe type/how many) \_\_\_\_\_  Borrowing/Renting 

List Safety Activity Checkpoints that apply to this activity:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

 Denotes Extra Forms/Certifications required for section.

**Section II: For Camping or Overnight Activities** - *complete if applicable.*

CAMPING    DOMESTIC TRIP    INTERNATIONAL TRIPS

Housing (camp, motel, etc.) \_\_\_\_\_ Reservations?  Yes    No

Outdoor Skills Adult (for Camping) \_\_\_\_\_ Date taken \_\_\_\_\_

Number of nights included in trip: \_\_\_\_\_

**Section III: For Swimming and/or Boating Activities** *complete if applicable.*

SWIMMING    BOATING (CANOE, KAYAK, SAILBOAT, CORCL BOATS, PADDLE BOARDS)

Pool    Lake/Pond    River    Beach/Ocean    Water Park - Location \_\_\_\_\_

Certified Lifesaver/Lifeguard ( POOL    WATERFRONT) Adult:

\_\_\_\_\_  
EXPIRATION DATE



Certified  CANOE    KAYAK    SAILBOAT    PADDLE BOARD Adult:

\_\_\_\_\_  
EXPIRATION DATE



**Section IV: For Any Other Activities Requiring Permission** – *complete if applicable; list activity and attach any additional certifications.*

(Examples include Archery and/or High Ropes) \_\_\_\_\_

**Attachments** *\*Required for final approval of trip, optional for preliminary approval.*

- Trip roster (adults and girls) with emergency contact information and indication of drivers
- Copy of front and back of First Aider's certification(s)
- A copy of any required agreements or contracts for use of premises, hiring a bus, etc.
- Detailed itinerary including flight/bus numbers if applicable (for overnight and extended trips)

**Trip Advisor Understanding**

I have read and understand the guidelines in *Volunteer Essentials* and the *Safety Activity Checkpoints* for each activity planned during the trip.

Trip Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVED

\_\_\_\_\_  
Service Unit Manager's Signature (or e-signature)

NEEDS REVISION\*

\_\_\_\_\_  
Date of action on this application

\*Suggested revisions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Denotes Extra Forms/Certifications required for section.