

**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.