



## REGIONAL/AREA CAMP ACTIVITY FORM

A Region/Area or Troop who is hosting a Regional/Area Camp Activity must complete this form and file with the Trail Life USA Home Office. If a Troop (or multiple Troops) are "hosting" the event, then the Charter Organization of each hosting Troop should also be notified of the details of the activity. All Trail Life USA requirements and policies, including those set forth in the Trail Life USA Health and Safety Guide, must be followed in the planning and carrying out of this event.

THIS FORM SHOULD BE SUBMITTED AT LEAST TWO MONTHS (60 DAYS) PRIOR TO THE SCHEDULED ACTIVITY TO ENSURE ANY CONCERNS CAN BE ADDRESSED AND TO MINIMIZE POSSIBLE DELAYS IN HAVING A SUCCESSFUL ACTIVITY.

- Prior to completion of this Form, all persons and organizations involved with the planning or carrying out of these activities should be familiar with the **Trail Life USA Health and Safety Guide** and be especially knowledgeable of the requirements and safety provisions for those activities in which Troops and Trailmen will be participating.
- SPECIAL NOTE: As set forth in the **Trail Life USA Health and Safety Guide**, Troop Camping and Family Camping require advance submission to and the approval of the Charter Organization.
- SPECIAL NOTE: Those activities identified in the **Trail Life USA Health and Safety Guide** as being "Restricted Activities" require approval by the Charter Organization and parents of youth participating <u>and</u> should be submitted to the Trail Life USA Home Office via email to <u>Legal@TrailLifeUSA.com</u> prior to the date of the activity.

| Section 1   |                              |  |  |  |  |
|---|------------------------------|--|--|--|--|
| Who is creating this Form?                                    |                              |  |  |  |  |
| Email address   | phone#                       |  |  |  |  |
| Section 2   |                              |  |  |  |  |
| Name of Activity:   | Date(s) of Activity:         |  |  |  |  |
| Purpose of this Activity. We want to accomplish the following |                              |  |  |  |  |
| Activity Chairperson  | Health and Safety Lead Adult |  |  |  |  |
| Emergency Contact Person (not taking part in activity)        | phone#                       |  |  |  |  |
| Location(s) of Activity                                       |                              |  |  |  |  |
| Contact Person at the Location (e.g., Camp Ranger, Director)  | phone#                       |  |  |  |  |



Please indicate whether the following are required and, if so, your due date to obtain them:

Reservation/Deposit Permits

This is

State or National Park Private Property Commercial Youth Camp Christian/Private Youth Camp

Is a Certificate of Insurance required? If so, has request been submitted to <a href="mailto:CertRequests@AJG.com">CertRequests@AJG.com</a>?

## Section 3

Identify the nature of this activity (check as many as apply to this activity. For example, if it is Troop Camping <u>and</u> a Restricted High Adventure Activity, both boxes should be checked):

Troop Camping Restricted High Adventure Activity\* Other (describe)

## \*Complete this section ONLY if "Restricted High Adventure Activity" is checked.

Check the applicable activities. Also, provide the specific location and contact information for outfitters or commercial providers of the activities:

Flying (non-commercial, the TLUSA Flying permit is attached)

Flying (commercial)

Indoor or artificial wall rock climbing/rappelling/challenge courses Cave Exploring

Moving water kayaking/rafting/canoeing SCUBA

Outdoor rock climbing/rappelling/mountaineering Horseback Riding

Shooting Sports Skiing/Snwboarding

Snowshoeing/Cross Country Skiing Snorkeling

List the guides/outfitters/instructors that will be providing training, supervision, instruction, and/or direction in the above Restricted High Adventure Activity/Activities. Please povide names, specific locatons, contact information, and emergecy contact information and their website URL (if available). Use an additional sheet, if necessary. Check if attaching sheet.

All guides/outfitters/instructors should be provided with a copy of the TLUSA Child Safety and Youth Protection policies and agree to adhere to those policies except in emergency situations where adherence to such policies could result in serious injury or fatality.

Trail Life USA Members providing

(include any certifications and licensing and, if applicable, the Restricted High Adventure Activity/ies for which they will be providing guidance/instruction) Check if additional sheets are included



Section 4 Who can attend Woodland Trails **Navigators** Adventurers Specify any age or physical ability restrictions Attendance fee being charged\* (per Troop or per participant) \*(See below section re: "expenses") Total anticipated attendance at the event: Youth **Adults Leaders** Other Adults Will non-Trail Life members (other than guides/outfitters/instructors identified above) be present? IMPORTANT: Keep in mind that non-registered adults do not satisfy Trail Life USA's two-deep leadership requirement. Any non- registered adlts must at a minimum, read and understand the TLUSA Child Safety and Youth Protection policies. Attach Schedule or List Specific Events

Potential Safety issues/Preparation required (see TLUSA Health and Safety Guide)



## (OPTIONAL) PLANNING SHEET/INFORMATION:

| Expenses   |                        |                                       |                       |                               | \$                            |                   |  |
|--|------------------------|---------------------------------------|-----------------------|-------------------------------|-------------------------------|-------------------|--|
|  |                        |                                       |                       |                               | \$                            |                   |  |
|  |                        |                                       |                       |                               | \$                            |                   |  |
|  |                        |                                       |                       |                               | \$                            |                   |  |
|  |                        |                                       | T                     | =                             | •                             |                   |  |
| Estimated cost per pe  | erson (Expenses        | ÷ number of pa                        |                       | nated Expenses                | \$                            |                   |  |
| Promotion Plan:  | Yahoo Groups           |                                       | Facebook              | Email Invite                  | Phone Call Of                 | ther              |  |
| (Please also attach a copy link to this activity or the lo Transportation: Who | ocation at which it is |                                       | roop guides, regstraf | tion form, promotional        | images being used a           | nd the URL of any |  |
| Driver   |                        | Vehicle                               |                       | Number of Seats (incl Driver) |                               |                   |  |
| Driver   |                        | Vehicle Number of Seats (incl Driver) |                       |                               |                               | river)            |  |
| Driver   |                        | Vehicle                               |                       |                               | Number of Seats (incl Driver) |                   |  |
| Do we need a vehicle   | e (truck or trailer    | ) to haul equipm                      | ent?                  |                               |                               |                   |  |
| If yes, what vehicle/tr  | ailer                  | Who will tow this?                    |                       |                               |                               |                   |  |
| Have you verified the  | following?             |                                       |                       |                               |                               |                   |  |
| Map to location  | on Rese                | ervation/Deposit                      | Permits               | Water                         | Toilets                       | Parking           |  |
| Supplies checklist   |                        |                                       |                       |                               |                               |                   |  |
| Cooking equi   | p Awni                 | ng                                    | Tents                 | Stove                         |                               |                   |  |
| Food plan  |                        |                                       |                       |                               |                               |                   |  |
|  |                        |                                       |                       |                               |                               |                   |  |
| Manpower: People w   | ill be needed to       | do the following                      | tasks                 |                               |                               |                   |  |
|  |                        | -                                     |                       |                               |                               |                   |  |
| Planned Schedule of  | events (include        | on-site registrati                    | on dates/times,       | start and end date            | es/times)                     |                   |  |



| Section 6  |
|--|
| Emergency Preparedness Plan (indicate if attached) |
|  |