

**Guiders – Keep this form and submit as part of the [Safe Guide Retention Package](#).**

Activities are organized according to Girl Guides of Canada’s Safe Guide. Safe Guide sets procedures for activity management including supervision, training, equipment, and health matters. A copy of Safe Guide is available from [www.GirlGuides.ca](http://www.GirlGuides.ca).

**If your daughter/ward has any needs or disabilities that may require accommodation, disclosing and discussing them with us will help us accommodate her.**

**Parents/Guardians – please keep this sheet for your information!**

| ACTIVITY INFORMATION   |       |                                       |                       |
|--|-------|---------------------------------------|-----------------------|
| Name of activity:  |       | Today’s date:                         |                       |
| Unit Name(s):  |       |                                       |                       |
| Council:   |       | District or Administrative Community: |                       |
| Responsible Guider:  |       | Cost (including GST/HST): \$          |                       |
| Activity Start   | Date: | Activity End                          | Date:                 |
|  | Time: |                                       | Time:                 |
| <b>List of planned activities:</b> <i>(Not enough space? Attach an activity plan to this form)</i>   |       |                                       |                       |
| A detailed itinerary is attached: Yes <input type="checkbox"/> No <input type="checkbox"/>   |       |                                       |                       |
| <b>Third Party Service Provider (TPSP) Activity Facilitators</b><br>List all TPSPs that will be present during the activity and what services they will provide. <i>(Not enough space? Attach another page to this form)</i> |       |                                       |                       |
| <input type="checkbox"/> A TPSP waiver is attached and required to be completed in order to participate.   |       |                                       |                       |
| LOCATION INFORMATION   |       |                                       |                       |
| Location or facility name:   |       | Contact number:                       |                       |
| Address:   |       |                                       |                       |
| Street Address   |       | City/Town                             | Prov      Postal Code |

We protect and respect your privacy. Your personal information is used only for the purposes stated on or indicated by the form. For complete details, see our Privacy Statement at [www.girlguides.ca](http://www.girlguides.ca) or contact your provincial office or the national office for a copy.

Brief description of facility/site:

For overnights, type of accommodation:  Meeting hall  Camp Building  Tent  Hotel  
 Hostel  Other (please list):

## SUPERVISION

Minimum supervision ratios will be Supervisors \_\_\_\_\_ to girls \_\_\_\_\_.  
 Mandatory minimum supervision ratios can be found in [Safe Guide](#).

How will girl be supervised during the activity? For overnight include information about where girls and Guiders be sleeping and how girls will be supervised overnight. *(Not enough space? Attach another page to this form)*

## TRANSPORTATION INFORMATION

Parent/guardian/caregiver will provide transportation to and from activity:  Yes  No

Arrangements for transportation:

|                |                    |
|----------------|--------------------|
| Drop-off time: | Drop-off location: |
|----------------|--------------------|

|               |                   |
|---------------|-------------------|
| Pick-up time: | Pick-up location: |
|---------------|-------------------|

**Drivers must ensure that owner of a vehicle has appropriate insurance.** Because of the way vehicle insurance is organized in Canada, coverage is only available through the vehicle owner. The owner is responsible for maintaining their vehicle insurance and for any injury to anyone or physical damage to their vehicle, another vehicle, resulting from its use for a GGC sanctioned activity.

## WHAT TO BRING

*(Not enough space? Attach kit list to this form)*

|                    |            |
|--------------------|------------|
| Spending money: \$ | Equipment: |
|--------------------|------------|

|       |        |
|-------|--------|
| Food: | Other: |
|-------|--------|

|           |   |
|-----------|---|
| Clothing: | Kit list attached: Yes <input type="checkbox"/> No <input type="checkbox"/> |
|-----------|---|

| <b>For more info <u>before</u> the activity:</b> | <b>Contact information <u>during</u> the activity:</b> |
|--|--|
| Guider's name:                                   | Guider's name:   |
| Phone number:                                    | Phone number:  |
| E-mail:  | E-mail:  |

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