

**TO USE WHEN DOING ARCHERY AT
NON-TARHEEL TRIAD SITES**

Girl Scouts, Tarheel Triad Council, Inc.
ARCHERY ACTIVITY APPROVAL
(For sites other than Tarheel Triad Council owned)
Due to Council 4 – 6 weeks prior to activity

GENERAL INFORMATION

Leader's Name:		Troop #:	Program Level (Circle one) JR CD SR	
Address:		City		State Zip
Home #: ()	Work #: ()	Email:		
Activity Date:	Site Location:			

If overnight camping on Non-Council site, attach completed "Non-Council Owned Camp Approval Form."

CERTIFICATION INFORMATION

A qualified adult Archery Instructor has been secured to be in charge of the Archery Activity and agrees to work with a group of 10 participants or less per group, using the SAFETY-WISE Archery guidelines for Girl Scouts.

Archery Instructor:				For Office Use Only CERTIFICATIONS Archery: <input type="checkbox"/> on file <input type="checkbox"/> pending
Address:		City	State Zip	
Home Phone #: ()	Work Phone #: ()	Email:		
Certification/Qualifications:				

AUTHORIZATION

Archery Instructor and Troop Leader have reviewed the Archery Checkpoints in SAFETY-WISE and ARCHERY under the Controlled Risk Section of "Camping Opportunities" and agree to follow the guidelines for planning and supervision, equipment, transportation, site and emergency procedures and First Aid.

Troop Leader Signature: _____ **Date:** _____

Council Approval

Outdoor Program Administrator/Council Staff Signature: _____ **Date:** _____