



**GAISCE**  
THE PRESIDENT'S  
AWARD

*This sheet is for recording activities only.  
Please retain until Award completion is authorised by  
Gaisce - The President's Award.*



Participant Name \_\_\_\_\_

PAL Name \_\_\_\_\_

## COMMUNITY INVOLVEMENT

WEEK	DATE	TIME	SUPERVISOR SIGNATURE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

## PERSONAL SKILL

WEEK	DATE	TIME	SUPERVISOR SIGNATURE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			



TELL/SHOW US WHAT YOU'RE UP TO: TAG @GAISCEAWARD

# PHYSICAL RECREATION

WEEK	DATE	TIME	SUPERVISOR SIGNATURE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

## ADDITIONAL WEEKS OF 1 CHALLENGE AREA

WEEK	DATE	TIME	SUPERVISOR SIGNATURE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

## ADVENTURE JOURNEY

DATE FROM	DATE TO	VENUE AND ACTIVITIES UNDERTAKEN	SUPERVISOR SIGNATURE



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