

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

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**Participant Name** 

**PAL Name** 

## PERSONAL SKILL

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## ADVENTURE JOURNEY: 3 DAYS AND 2 NIGHTS

DATE FROM	DATE TO	VENUE AND ACTIVITIES UNDERTAKEN	SUPERVISOR SIGNATURE





## ADDITIONAL 26 WEEKS OF 1 ACTIVITY

CHALLENGE AREA:	
ACTIVITY:	

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