



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



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 Gaisce - The President's Award.*



Participant Name _____

PAL Name _____

PERSONAL SKILL



| WEEK | DATE | TIME | SUPERVISOR SIGNATURE |
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TELL/SHOW US WHAT YOU'RE UP TO: TAG @GAISCEAWARD

PHYSICAL RECREATION



| WEEK | DATE | TIME | SUPERVISOR SIGNATURE |
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ADVENTURE JOURNEY: 3 DAYS AND 2 NIGHTS

| DATE FROM | DATE TO | VENUE AND ACTIVITIES UNDERTAKEN | SUPERVISOR SIGNATURE |
|-----------|---------|---------------------------------|----------------------|
| | | | |



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ADDITIONAL 26 WEEKS OF 1 ACTIVITY



CHALLENGE AREA: _____

ACTIVITY: _____

| WEEK | DATE | TIME | SUPERVISOR SIGNATURE |
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