GAISCE
THE PRESIDENT'S
AWARD

This sheet is for recording activities only.
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GAISCE GOLD AWARD RECORD SHEET

PARTICIPANT NAME:_____ PAL NAME: _____

COMMUNITY INVOLVEMENT

WEEK	DATE	TIME	SUPERVISOR SIGNATURE
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COMMUNITY INVOLVEMENT CONTINUED

WEEK	DATE	TIME	SUPERVISOR SIGNATURE
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PERSONAL SKILL

WEEK	DATE	TIME	SUPERVISOR SIGNATURE
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PERSONAL SKILL CONTINUED

WEEK	DATE	TIME	SUPERVISOR SIGNATURE
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PHYSICAL RECREATION

WEEK	DATE	TIME	SUPERVISOR SIGNATURE
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PHYSICAL RECREATION CONTINUED

WEEK	DATE	TIME	SUPERVISOR SIGNATURE
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ADDITIONAL 26 WEEKS OF 1 CHALLENGE AREA →

WEEK	DATE	TIME	SUPERVISOR SIGNATURE
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ADVENTURE JOURNEY: 4 DAYS, 3 NIGHTS

DATE FROM	DATE TO	VENUE AND ACTIVITIES UNDERTAKEN	SUPERVISOR SIGNATURE

RESIDENTIAL PROJECT: 5 DAYS, 4 NIGHTS

DATE FROM	DATE TO	VENUE AND ACTIVITIES UNDERTAKEN	SUPERVISOR SIGNATURE

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