



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

COMMUNITY INVOLVEMENT CONTINUED

WEEK	DATE	TIME	SUPERVISOR SIGNATURE
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PERSONAL SKILL



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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 ACTIVITY

CHALLENGE AREA: _____



ACTIVITY: _____

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

DATE FROM	DATE TO	VENUE AND ACTIVITIES UNDERTAKEN	SUPERVISOR SIGNATURE

RESIDENTIAL PROJECT 5 DAYS AND 4 NIGHTS

DATE FROM	DATE TO	VENUE AND ACTIVITIES UNDERTAKEN	SUPERVISOR SIGNATURE



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