



Bronze Award Record Card

For recording activities only. Please retain until Award completion is authorised by Gaisce

Participant's name: _____ PAL's name: _____

Community Involvement activity: _____

Wk	Date	Time	Signature of supervisor
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

Personal Skill activity: _____

Wk	Date	Time	Signature of supervisor
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

Physical Recreation activity: _____

Wk	Date	Time	Signature of supervisor
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

_____ activity: for an additional one hour per week for 13 weeks
 (participants choose to extend one of their activities)

Wk	Date	Time	Signature of supervisor
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

Adventure Journey: 2 days and 1 night

Date From	Date To	Venue	Signature of supervisor