



Silver 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
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Personal Skill activity: _____

Wk	Date	Time	Signature of supervisor
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Physical Recreation activity: _____

Wk	Date	Time	Signature of supervisor
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Adventure Journey: 3 days and 2 nights

Date From	Date To	Venue	Signature of supervisor

activity: for an additional one hour per week for 26 weeks
(participants choose to extend one of their activities)

Wk	Date	Time	Signature of supervisor
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