

**SAN GABRIEL VALLEY COUNCIL B.S.A.
HIGH ADVENTURE TEAM AWARDS APPLICATION**

- CUB SCOUTS
- BOY SCOUTS
- VENTURE
- OTHER _____

Date: _____



Unit# _____

Tour Permit #: _____

District: _____

AWARD: _____

Outing Leader Name _____ HAT # _____

Address _____ City _____ Zip _____

Phone # (Home) _____ (Work) _____

Outing Dates: From _____ To _____ Total Nights _____

Location of Outing _____

Type of Outing Day Trip Tailgate Hike Backpack Bike Water Activities

Trail Head: _____ Camp Name _____ Water Source _____

Trail Condition (If hiking) _____

Camp(s) Condition _____

Miles Hiked _____ Elevation Gained _____ Total B.P. Miles _____

Award Requirements: _____

- | | Yes | No |
|---|-------|-------|
| 1. Contacted a HAT Representative to determine which award may be earned? | _____ | _____ |
| 2. Meet High Adventure General Requirements? | _____ | _____ |
| 3. Meet all current specific requirements for each award? | _____ | _____ |
| 4. Has Outing Leader completed the BSA Outing Leader Course? | _____ | _____ |
| 5. Has Outing Leader completed the BSA Basic Backpacking Course? | _____ | _____ |
| 6. Does at least one adult participating on this outing have a standard or advanced First Aid Card? | _____ | _____ |



TOTAL NUMBER OF AWARDS NEEDED _____ **SGV HAT Rep** _____

SAN GABRIEL VALLEY HIGH ADVENTURE TEAM AWARD APPROVAL

Your application for the following has been approved by the San Gabriel Valley Council High Adventure Team.

You may purchase the Awards by presenting this form to the Council Trading Post.

Date _____ Unit _____ District _____ Tour Permit # _____

Outing Dates _____ Location _____

Award _____ # of Awards Needed _____

SGV HAT Representative _____ HAT # _____