



High Adventure Award Application

Council _____ Date _____
 District _____ Award Earned _____
 Unit Type/Unit # _____ HAT Certified Scouter (name) _____
 Date _____ HAT Certification # _____
 Tour Permit # _____

Y N Complied with General Requirements
 Y N Completed Specific Requirements
 Wilderness Permit # _____
 Fire Permit # _____

Days _____ Nights _____ Backpacked _____ Hiked _____
 (hours) (miles)
 Dates _____ / _____ / _____ to _____ / _____ / _____

Adult Leader _____ Youth Leader _____

Participants _____

Summary:

Identify trailheads, maps used, peaks, service projects performed. Attach tour plan, photos and trail profile

I do hereby certify that I have read and understood the requirements associated with this award and further certify that the identified recipients have met them.

Name _____ Position _____ Phone # _____
 Signature _____ Date _____ E-mail _____
 Street Address _____
 City _____ Zipcode _____