

# High Adventure Awards Application

California Inland Empire Council  
Boy Scouts of America  
2351 W Lugonia Ave Suite F  
Redlands, CA 92374

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



Type of Unit \_\_\_\_\_

Unit Number \_\_\_\_\_

Council/District \_\_\_\_\_

Name of Award \_\_\_\_\_

Sponsoring Council \_\_\_\_\_

Cash     Unit Account

\_\_\_\_\_ Awards at \$\_\_\_\_\_ Each

for \_\_\_\_\_ youth and \_\_\_\_\_ adults

Amount \$\_\_\_\_\_ tax \$\_\_\_\_\_

\*Park/Wilderness/USFS Permit # \_\_\_\_\_

Total \$\_\_\_\_\_

Where obtained \_\_\_\_\_  Fire Permit

Check: \_\_\_Miles or \_\_\_Hours

Backpacked \_\_\_\_\_

Hiked \_\_\_\_\_

Canoed \_\_\_\_\_

Cycled \_\_\_\_\_

Other (explain) \_\_\_\_\_

Days \_\_\_\_\_ Nights \_\_\_\_\_ of Adventure

Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Location of Adventure (brief description of trailhead/starting-point, major stops and ending-point)

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(Include description of any trail work or conservation project.)

If trail work/conservation project: Hours per person \_\_\_\_\_

I/We the undersigned in charge, do certify that I/We have read and understood the complete requirements for the award listed above, and do further certify that all of the participants, whose names are listed below, have fully met the requirements for this award.

Name of Adult in Charge \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Unit # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*\* HAT card # \_\_\_\_\_ Council \_\_\_\_\_ \*\* CPR card \_\_\_\_\_

First Aid card (type) \_\_\_\_\_ Date expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

\* If Applicable

\*\* Desired for all awards, mandatory if required

Name of Youth In Charge \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

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Use the following space for **names of youth and adults**, comments or additional evidence of fulfilling requirements, e.g., conditioning-hikes record.

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