



WESTERN LOS ANGELES COUNTY COUNCIL HIGH ADVENTURE AWARDS APPLICATION



Check One: Pack, Troop, Crew, Ship, Post, GSA, Training. Unit Number: _____
(or indoor class date for training)

Activity Date(s): _____

District: _____ Council: _____

PLEASE ATTACH A COPY OF YOUR TOUR PLAN

If your Council does not require a Tour Plan for your outing, please submit a completed form, HA3010

Award: _____ No. Earned: _____

Outing Leader Name: _____ HAT Card No., or Course Date: _____

Address: _____ City: _____ Zip: _____

Telephone (Work): _____ (Home): _____ Email: _____

Please complete the following:

HAT Counselor contacted for Pre-Approval: _____ (Please print)

Date of contact of HAT Approval Counselor for Pre-Approval: ____/____/____

Does at least one adult have a current First Aid and CPR card (WFA if required for the outing)? Y or N

Has the Outing Leader completed Basic Backpacking (if applicable)? Y or N

Has the Outing Leader reviewed HAT Backpacking Planning Guide (Form HA3010)? Y or N

Has the Outing Leader met the Area IV High Adventure Award General Requirements? Y or N

Has the Outing Leader met the Specific Requirements for the Award? Y or N

Has the Outing Leader attached all Required materials for the Award? Y or N

I certify that all requirements for this Award have been met.

Outing Leader Signature: _____ Date: ____/____/____

HAT Approval Counselor: _____ Date: ____/____/____

Print HAT Counselor name (if different than above): _____

HAT Approval Counselor Card Number: _____