

# PARTICIPANT AWARD PLAN

First Name  Last Name  D.O.B.

Phone (H)  Phone (M)  Email

What level are you attempting? BRONZE SILVER GOLD

What have you chosen as your major? (if applicable)  SERVICE  SKILL  PHYSICAL RECREATION

## SERVICE

Activity Chosen  Organization

SMART Goal/Purpose

Assessor Name: \_\_\_\_\_ Organization: \_\_\_\_\_  
(if applicable)

Experience/Qualification(s): \_\_\_\_\_

## SKILL

Activity Chosen  Organization

SMART Goal/Purpose

Assessor Name: \_\_\_\_\_ Organization: \_\_\_\_\_  
(if applicable)

Experience/Qualification(s): \_\_\_\_\_

## PHYSICAL RECREATION

Activity Chosen  Organization

SMART Goal/Purpose

Assessor Name: \_\_\_\_\_ Organization: \_\_\_\_\_  
(if applicable)

Experience/Qualification(s): \_\_\_\_\_

## ADVENTUROUS JOURNEY - PRACTICE JOURNEY

Activity Chosen

Organization

SMART Goal/Purpose

Assessor Name: \_\_\_\_\_ Organization: \_\_\_\_\_  
(if applicable)

Experience/Qualification(s): \_\_\_\_\_

## ADVENTUROUS JOURNEY - QUALIFYING JOURNEY

Activity Chosen

Organization

SMART Goal/Purpose

Assessor Name: \_\_\_\_\_ Organization: \_\_\_\_\_  
(if applicable)

Experience/Qualification(s): \_\_\_\_\_

## GOLD PROJECT

Activity Chosen

Organization

SMART Goal/Purpose

Assessor Name: \_\_\_\_\_ Organization: \_\_\_\_\_  
(if applicable)

Experience/Qualification(s): \_\_\_\_\_

### AWARD LEADER CHECKLIST

- Each activity has a clear SMART goal
- Each section has an Assessor who is suitably qualified and experienced to assess the activity
- Parental consent form (for participants under 18) is on file **OR** was sent electronically to the Division Office