

Journey Event ID # _____

Adventurous Journey – Group Assessor Report

Dates of Journey: _____

Award Unit: _____

Award Leader: _____

Award Level (select one):

Bronze

Silver

Gold

Please select what component of the Adventurous Journey was completed (select one):

Practice Journey

Qualifying Journey

If Qualifying Journey is selected above, please indicate what type of Qualifying Journey (select one):

Exploration ('Field Research Project' – base camp allowed)

Expedition (moving from point A to B to C – **no base camps allowed**, participants must carry all their gear)

All participants assigned to the Journey Event have shown you the following documents:

Map with Route marked on it

Route Card that corresponds with the Map

Menu of the food taken on the Qualifying Journey

Equipment list for the Qualifying Journey

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Assessor's Report – Please comment on the Improvement, Challenge and Effort of the group on the Journey.

Assessor Name: _____

Date: _____

Assessor's Qualifications/ Experience:

Journey Event ID # _____

(Optional) List of Participants on this Journey:

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