WESTERN HIGH ADVEN		LES COUNTY COUL		N NIGH ADVENTURE
Check One: Pack, Troop, Cre	ew, \Box Ship, \Box F	Post, □GSA, □Training.	Unit Number:	
Activity Date(s):				
District:				
Award:			Earned, Yout	th: 🗆 Adult: 🗖
HAT Trained Leader:		HAT Card No. or Co	urse Date:	
Outing Leader Name:				
Address:				
Telephone (home):				
PLEASE ATTAC	H A COMPLI	ETED COPY OF FO	RM HA301	D
Please complete the following: HAT Counselor contacted for Pre-App				
Pre-Approval date:(If required by the specific award)		J		
First Aid/CPR Trained Participant:		Date Card Is	sued:	
Has the Outing Leader completed Basic Backpacking (if applicable)?				\Box Yes, \Box No
Has the Outing Leader attached, HAT Outing Planning Guide Form HA3010?				\Box Yes, \Box No
Has the Outing Leader met the Area IV High Adventure Award General Requirements?				□Yes, □N
Has the Outing Leader met the Specific Requirements for the award				□Yes, □No
Has the outing Leader attached all required materials required for the award?				\Box Yes, \Box No
Maps used for obtaining the Award:				
I certify that all requirements for this a	ward have been	met.		
Outing Leader Signature:			Date:	
HAT Approval Counselor Signature:			Date:	
HAT Approval Counselors Card Numb				
Additional information, award	s books and othe	er Area IV councils' applic	ations can be f	ound at:

highadventureawards.com