

VICKSBURG MILITARY PARK TRAILS-APPLICATION FOR AWARES

NOTE: Save this form to your computer before entering information with Adobe Reader

TROOP _____ PACK _____ VENTURE _____ OTHER _____ COUNCIL _____

HIKE LEADER _____ HOME PHONE _____ CELL PHONE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

AWARDS FOR: 14-MILE HIKE ___ 7-MILE HIKE ___ 12-MILE HIKE ___ BYCYCLE HIKE ___ TOWN HIKE ___

Each applicant listed, has completed one of the above hikes and has completed the following requirements.

- a. Read selected portions of **"VICKSBURG-A SELF-GUIDED TOUR"** booklet.
- b. Registered at the National Military Park Visitor Center and attended the introductory movie.
- c. Visited locations along the trails and read the information given on the plaques and monuments at each location.

ADULT LEADER: _____ SIGNATURE: _____ POSITION: _____ DATE: _____

COST BREAKDOWN: MEDALS (\$6:00) PATCHES (\$3.00) HAT PINS (\$2:50) STARS TO PIN ON MEDALS (\$2:50) SHIPPING (\$3.50)

NAMES	MEDAL	PATCH	HAT PIN	STAR	NAMES	MEDAL	PATCH	HAT PIN	STAR
1. _____	___	___	___	___	16. _____	___	___	___	___
2. _____	___	___	___	___	17. _____	___	___	___	___
3. _____	___	___	___	___	18. _____	___	___	___	___
4. _____	___	___	___	___	19. _____	___	___	___	___
5. _____	___	___	___	___	20. _____	___	___	___	___
6. _____	___	___	___	___	21. _____	___	___	___	___
7. _____	___	___	___	___	22. _____	___	___	___	___
8. _____	___	___	___	___	23. _____	___	___	___	___
9. _____	___	___	___	___	24. _____	___	___	___	___
10. _____	___	___	___	___	25. _____	___	___	___	___
11. _____	___	___	___	___	26. _____	___	___	___	___
12. _____	___	___	___	___	27. _____	___	___	___	___
13. _____	___	___	___	___	28. _____	___	___	___	___
14. _____	___	___	___	___	29. _____	___	___	___	___
15. _____	___	___	___	___	30. _____	___	___	___	___

Make check out to "VICKSBURG TRAILS COMMISSION) and mail to:

Vicksburg Trails Commission -- % Johnny "MO" Nassour -- P.O. BOX 820425, VICKSBURG, MS 39182-0425

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