

# NY Chapter ADK *Nawakwa* Qualification Form

**Name** \_\_\_\_\_

Please fill in each detailed activity with the date accomplished, and have the hike leader or the weekend host sign in the space provided. When completed, have your two sponsors sign and date the form, and return it to:

**NY Chapter ADK Nawakwa Membership , 802 W. 190th Street #1F, New York, NY 10040**

NAWAKWA ACTIVITY	DATE	LEADER SIGNATURES
Qualifying Hike #1		
Qualifying Hike #2		
Week-end Overnight #1		
Week-end Overnight #2		
Week-end Co-hosting or Qualifying Work Activity		

SPONSOR SIGNATURES	DATE
1. _____	_____
2. _____	_____