



TAM Award Application

Name: _____

Date of Application: _____

Address: _____

Age: _____

Preferred Pronouns: _____

Email: _____

Phone: _____

Date of completion of the TAM: _____

Did you hike the TAM continuously or in sections? (Circle one) Continuously Sections

If you hiked in sections, what date did you begin your TAM hike? _____

Would you like to be included in a public list of TAM Award recipients? Y / N

What was your favorite section of the TAM?

Please share one memorable story from you experience. Did anything unexpected happen? Was there a particularly serene moment or place?

Hikers who earn the TAM Award receive a free year of MALT membership. If you would like to gift your membership to someone, add their information below:

Name: _____

Address: _____

Email: _____

Phone: _____