

**** FAX OR EMAIL THIS FORM TO DAN ASHE 413-556-6442 (danashe@challengeapplications.com)**

SECTION 1: GENERAL INFORMATION

ORGANIZATION NAME _____ PROGRAM DATE(S) _____

CONTACT PERSON/TITLE _____ EMAIL/TEL _____

SECTION 2: GROUP INFORMATION

Estimated Total Number of Participants: _____ Estimated Total Number of Non-Participants: _____

Do any participants have special needs? Yes No If yes, please explain so that our staff can make appropriate accommodations to provide the very best program possible (use additional page if necessary):

NOTE: There are restrictions for certain elements on the challenge course with regard to participants weighing over 250 lbs.

Do you have participants in your group who meet this criterion? Yes No Not sure

1. TRAINING GOALS What is the primary goal of this training? What “take-aways” would you like?
2. SPECIFIC AREAS OF FOCUS Are there specific topics you would like us to address during training?
3. ATTENDING PARTICIPANTS Who will be attending the training (i.e. executives, managers, principals, faculty, trainers, administrative assistants, students, etc.)?
4. BACKGROUND Please tell us about your group. How long has the group been together? What dynamics exist within the group that may have an impact on the experience? How many new people are on the team?
5. NEXT STEPS How does your group plan to follow up on this experience?
6. ADDITIONAL INFORMATION Is there other information that can help us be ready for your group? Is there anything else we need to know that will benefit our staff in preparing for your program?
7. SPECIAL REQUESTS Do you have any particular activities you want the group to do or focus on?
8. FOOD PLANS Will you brown box lunch? Request for catering? Have lunch on site through Pecometh food service for an extra charge? Other?