



Adventure Education Challenge Course – Inquiry Form

Group/Organization NAME: _____

CONTACT PERSON: _____ Email: _____

ADDRESS: _____
Number / Street City State Zip Code

PHONE: (____) _____ - _____

REQUESTED PROGRAM DATE: ____/____/____ TIMES: _____

NUMBER OF PARTICIPANTS: _____ AGE RANGE: _____

TYPE OF COURSE: Low / High / Combo (both Low and High Elements)

Has this group or group leader participated in a UREC Challenge Course Program?

YES: _____ NO: _____

If YES, when and what group: _____

What are some GOALS for YOUR GROUP / what SKILLS would you like to focus on:

What is the makeup of the group (new members coming together, existing group, etc.):

Is there any specific information that the Facilitators should know about your group:
(physical disabilities, recurring health issues, recent surgery, asthma, mobility limitations, etc.)

***email completed form to cchristensen1@lsu.edu**