



Wright State University – Outdoor Resource Center
Challenge Course Program Request

Group Name: _____

Number in Group: Male _____ Female _____ Age Range: _____

Contact Person: _____

Day Phone: _____ Evening Phone: _____

Address: _____
Street City State Zip

Email: _____

How long has the group been together? _____

Will they know each other's names? Yes No

Approximate overall fitness level of the group:

Athletic Active Average Below Average Poor

Desired length of program: _____

Desired dates and times for program: _____

Low Ropes Program Climbing Rappelling Tower Teambuilding

What specific issues are important for this group? Please rank as a 1, 2, or 3 for all that apply:

- | | |
|--|-------------------|
| ___ Goal Setting | ___ Leadership |
| ___ Problem Solving | ___ Peer Respect |
| ___ Decision Making | ___ Trust |
| ___ Teamwork | ___ Risk Taking |
| ___ Self-Confidence | ___ Commitment |
| ___ Creativity | ___ Communication |
| ___ Socialization / Getting to know each other | |



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Group Objectives: Please describe the end result that you envision for your groups' challenge program experience; attach another sheet if necessary. Course objectives may include reference to: trust, communication, and working roles. Issues such as active participation, risk taking, responsibility, challenge and support may also be addressed.

What are the group's strengths and weaknesses?

Are there any limitations or health concerns we should be aware of when designing your program?

Please list any specific goals for the program that may be different or more specific than your objectives previously listed.

Method of Payment: Please indicate

Departmental Transfer: Banner FOP# _____

Check (made out to Wright State University) _____

Credit Card _____