



**CAMP LEE CANYON CHALLENGE COURSE
Program Request**

Name of Organization or Group: _____

Address: _____ City: _____ Zip: _____

Contact Person: _____ Telephone #: _____ Fax: _____

Email address: _____ Cell phone: _____

*Date of Program: _____ Time & Duration: _____

***Must be a Monday or Friday**

Location of low element activities: _____

Number of Participants: _____ Age Range: _____

Are there any special needs: _____

The Needs (Circle which of the following are important to this group)

- | | | | |
|----------------------|---------------------|------------|-----------------|
| Exploring Diversity | Cooperation | Motivation | Decision Making |
| Group Focus | Trust Building | Respect | Communication |
| Personal Development | Conflict Resolution | Play / Fun | Creativity |

Other: _____

The Goals (What would you like to accomplish during this facilitation)

Comments:

Do Not Write Below

Safety:	Lead Facilitator:
Facilitators: _____ / _____	_____ / _____
Date Rec'd:	Date Returned:
_____	Approved by:
_____	_____