**High Adventure Challenge Course**

**Group Planning Sheet**

**Recreational Services**

**Division of Student Life**

**Organization or Group Name ________________________________**

**Affiliation with the University of Iowa**

- [ ] UI Student Group/Organization
- [ ] UI Faculty, Staff or Department
- [ ] Not Affiliated with University of Iowa

**Type of Event**

- [ ] High Course (8 Hours)
- [ ] Low Course (4 Hours)

**Contact Info**

- **Contact Person ___________________________**
- **Phone ___________________________**
- **Mailing Address ___________________________________________**
- **City ___________________________ State ____ Zip ______________**
- **Cell Phone ___________________________**
- **E-mail __________________________________________________**

**Billing Info** (if different from above)

- **Billing Person ___________________________________________**
- **Phone ___________________________**
- **Mailing Address ___________________________________________**
- **City ___________________________ State ____ Zip ______________**
- **Cell Phone ___________________________**
- **E-mail __________________________________________________**

**Requested Date of Event**

- Option 1: ___________________________  Option 2: ___________________________  Option 3: ___________________________

**Requested Start Time**

- Option 1: ___________________________  Option 2: ___________________________  Option 3: ___________________________

**Anticipated Number of Participants _____**

(12 participant minimum charge)

**Participants with Special Needs: ________________________________________________**

**Event Specifics**

- **Major Reason for Event: ___________________________________________________**

Please check up to **three** items you would like to focus on.

- [ ] Communication
- [ ] Decision Making
- [ ] Respect
- [ ] Confidence
- [ ] Exploring Diversity
- [ ] Team Coordination
- [ ] Conflict Resolution
- [ ] Play/Fun
- [ ] Teamwork
- [ ] Cooperation
- [ ] Problem-Solving
- [ ] Trust

**How will we know if above needs are met? __________________________________________**

**For Office Use Only**

- **Lead Facilitator ___________________________________________**
- **Assistant Facilitator _________________________________________**
- **Assistant Facilitator _________________________________________**
- **Confirmation Letter Sent: __________________**
- **Actual Participants: __________________**
- **Cost: __________________**
- **Waiver Forms Sent: __________________**
- **Invoice Sent: __________________**
- **Invoice Paid: __________________**

Return completed form to:

Rob DuBay | E216 Field House
Iowa City, Iowa 52242

Email rec-challenge-course@uiowa.edu
Fax (319) 384-4492