UI Challenge Course Registration Form

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
- Half Day | 3-4 Hours (Low Elements Only)
- Half Day | 4 Hours (Low & High Elements)
- Full Day | 6-8 Hours (Low & High Elements)

Contact Info
Contact Person _____________________________________________ Phone ____________________________________________________
Mailing Address _____________________________________________ Cell Phone ________________________________________________
City ___________________________ State ____ Zip ______________ E-mail ____________________________________________________

Billing Info (If different from above)
Billing Person _______________________________________________ Phone ____________________________________________________
Mailing Address _____________________________________________ Cell Phone ________________________________________________
City ___________________________ State ____ Zip ______________ E-Mail ____________________________________________________

Requested Date of Event
Option 1: ________________________________ Option 2: _______________________________ Option 2: _____________________________

Requested Start Time
Option 1: ________________________________ Option 2: _______________________________ Option 2: _____________________________

Anticipated Number or 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 _____________________________________________ Assistant Facilitator ________________________________
Confirmation Letter Sent: ____________ Actual Participants: ____________ Cost: ____________________________________________
Waiver Forms Sent: ____________ Invoice Sent: ____________ Invoice Paid: ____________________________________________

Return completed form to:
Steve Campbell | E216 Field House
Iowa City, Iowa 52242

Email: Steve-Campbell@uiowa.edu
Fax (319) 384-4492