



# 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.

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Communication   | <input type="checkbox"/> Confidence          | <input type="checkbox"/> Conflict Resolution | <input type="checkbox"/> Cooperation     |
| <input type="checkbox"/> Decision Making | <input type="checkbox"/> Exploring Diversity | <input type="checkbox"/> Play/Fun            | <input type="checkbox"/> Problem Solving |
| <input type="checkbox"/> Respect         | <input type="checkbox"/> Team Coordination   | <input type="checkbox"/> Teamwork            | <input type="checkbox"/> 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