



EWU Challenge Course
Physical Education, Health and Recreation Department
200 Physical Education Building
Cheney, WA 99004-2476

Statement of Goals for Program

Group/Organization Name: _____

Group Leader (must be at program): _____

Address: _____
Street City State Zip Code

Telephone# Work () _____ Other () _____ E-mail: _____

Date of Program: _____ Times: *from:* _____ *to:* _____

Number of Participants: _____ Age range: _____

Type of Course: (circle) Mini Course (1-2 hrs.) Team Course (2-4 hrs.) High Course (4-6 hrs.)

Previous Related Experience: **This Group** **This Leader**

1. Related Challenge Course Experiences yes ___ no ___ yes ___ no ___

If yes, please describe: _____

2. Will your group be participating in any lead-up activities prior to your program? Yes ___ No ___

If yes, what type of activities are you doing? _____

Goals: Please write below what you want to accomplish with your group through this adventure experience, i.e. practice communication/listening skills, trusting others, step out of comfort zone, make group decisions, etc.

Office Use: Location of Event: EWU Other: _____

