

## Ropes Challenge Course PROGRAM OVERVIEW

The Center for Experiential Leadership Training is excited to build a program to meet your group's specific training needs. Please complete the following questions; be as specific and complete as possible in your answers in order to provide our professional staff with the best information to begin customizing your challenge course program. Although some of the information you provide on this form may seem redundant to our previous communications, this form is a way to confirm such details of your program.

### CLIENT INFORMATION

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Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

### PROGRAM DETAILS

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Program Type: *Ropes Challenge Course*

Program Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of Participants: \_\_\_\_\_

Program Time:  9:30am – 12:30pm  12pm – 3pm  Other: *(Please specify)* \_\_\_\_\_

### PARTICIPANT INFORMATION

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Participant Age Range: \_\_\_\_\_ Participant Gender:  Male  Female

Please provide us with an overview of your group? What do you do?

How well do the participants know each? In what ways do they work and interact with each other?

What other training has this group recently experienced?

Do any members of the group require any specific needs?

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## PROGRAM OVERVIEW CONTINUED...

### **TRAINING OBJECTIVES**

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Have you participated in this ropes course before? Have you participated in any other ropes courses before? If yes, what was that experience like?

Are there any specific issues that you would like this training to address with this group?

Please identify three learning goals you hope this group will accomplish through this training:

- 1)
- 2)
- 3)

Please provide any additional information that may help us apply this experiential training to the group's purpose and mission:

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### **FURTHER INFORMATION**

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Is there anything else we should know?

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Once you have completed this form, please send it to the address listed below. Feel free to contact us at anytime for further information. A member of our professional staff will follow up with you about a week before your training session. We look forward to seeing you soon at our Ropes Challenge Course and are excited you have chosen us to help with your training needs.

Please sign and date below:

*Printed Name:* \_\_\_\_\_

*Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_