

Challenge Center Program Goals and Expectations Lows & Highs

Revised	12/17/12
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Please answer the following questions so that we may effectively plan your program.

Organization: _____

Program Date: _____

Representative Name: _____

Number of Participants: _____

Phone number: _____

Please mark your product type:

- | | |
|---|--|
| <input type="checkbox"/> "Reaching Your Peak" Leadership | <input type="checkbox"/> "Empower Yourself, Empower Your Team" |
| <input type="checkbox"/> "Riding Waves of Change" Change Management | Personal Challenge |
| <input type="checkbox"/> "We are one" Teamwork and Unity | |
| <input type="checkbox"/> "Navigating Connections" Communication &
Conflict Resolutions | |

To help us plan the program, please provide a description of your group (For example: age range, physical stamina, gender ratio, etc):

Why are you choosing to participate in the Challenge Center experience?

How do the participants interact on a regular basis? How frequent does the group communicate? What are the common modes of communication (email, class, phone, etc)?

What are some positive/effective ways participants are currently interacting with one another?

What are some areas of participant interaction that need attention?

Are there any participants that require special needs? If so, please elaborate.

What percentage of the day do you want spent on the following:

Activity	% of Day
Low Elements: Takes place on the ground, consists of a series of tasks designed to challenge groups and individuals to work together to accomplish a common goal	%
High elements: Activities that take place off the ground designed to empower participants	%
Debrief: Discussion and Reflection	%

What changes/transformations would you like to see at the end of the program?

Please return this form with your contract