

UI Challenge Course

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 3: _____

Requested Start & End Times

Option 1: _____ Option 2: _____ Option 3: _____

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"/> Exploring Diversity | <input type="checkbox"/> Play/Fun | <input type="checkbox"/> Problem Solving |
| <input type="checkbox"/> Respect | <input type="checkbox"/> Teamwork | <input type="checkbox"/> Trust |

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: _____