



Training Goals Information

The more we know about your group, the better equipped we will be to design a training program and choose activities that address your group's goals. Please be specific when filling out this form. Feel free to use the reverse side if more space is needed.

Contact Person: _____ School or Program Name: _____

Contact Phone #: _____ Contact Email: _____

Number of Participants: _____ Requested Program Date (s): _____

Background: Please briefly tell us about the nature of your adventure program. How long has your program been in existence? What is your programs' mission? Who is your clientele?

Prior Experience: Please briefly describe experiential education skills, challenge course operation skills and facilitation training your staff has received prior to this proposed training.

Training Goals: What do you wish to accomplish with your group via this proposed training? These might include: facilitation skills, program sequencing, processing skills, and low or high ropes facilitation, belay skills etc.

Budget: How have you budgeted for this training? Are you planning on offering slots to others outside your organization in order to defray costs?

Special Requests: Please explain any special requests or needs your group may have.

Next steps: How does your organization plan to follow up on this proposed training experience? Your trainer will follow-up with you after the training to outline next steps and support your on-going efforts.