**CU Challenge Course**

**Reservation Request Form**

Group Name: **Click here to enter text.**  Group Type: **Choose one.**

Your Name: **Click here to enter text.**  Today’s Date: **Click here to enter a date.**

E-mail: **Click here to enter text.**  Phone: **Click here to enter text.**

On-site Group Leader (if different from above): Name: **Click here to enter text.**

Phone: **Click here to enter text.** E-mail: **Click here to enter text.**

Bill to: Name: **Click here to enter text.** Phone: **Click here to enter text.**

Mailing Address: **Click here to enter text.** City: **Click here to enter text.** Zip: **Click here to enter.**

Email: **Click here to enter text.**  Driver’s License # **Click here to enter text.**

First Choice for your Program Date: **First choice date.** Start Time: **Time** End Time: **Time**

Second Choice for your Program Date: **Second choice date.** Start Time: **Time** End Time: **Time**

Please plan a **How long?** minute lunch break starting at **Lunch start time**

We do not require a lunch break during our program, brief snack & water breaks only.

Requested Activities:  Low Elements  High Elements

Both Low and High Elements (min. 4 hour program) Indoor Teambuilding Program

Number of People Expected: **How many? Choose one.** Age range: **Age** – **Age** years.

**How many? Choose one.** Age range: **Age** – **Age** years.

**How many? Choose one.** Age range: **Age** – **Age** years.

Do you require parking?  Yes, for **#** cars.  Yes, for **#**  buses.

\*Bus parking must be requested a minimum of 2 weeks in advance.

\*Parking permit fee is $8 per vehicle.

Please describe the nature of your program/group: **Click here to enter text.**

How well do your group members know each other? **Choose one.**

Has your group been to the CU Challenge Course before?  Yes **If so, when?**

No, but we have been to a different challenge course before.  This will be our first time!

Goals and Objectives for the Challenge Course program: (What does your group hope to gain?)

1. **Goals/Objectives.**
2. **Goals/Objectives.**
3. **Goals/Objectives.**

Do you have any physical concerns for your participants?

**Click here to enter text.**

Is there anything else we should know about planning your program?

**Click here to enter text.**

**Please return this form to:** [challenge@colorado.edu](mailto:challenge@colorado.edu)