Planning Form

Date and Time Preferred: ___________ / __________ Date and Time Assigned: ___________ / __________

Minimum of 48 hours required to schedule or change a program, please return ASAP. Programs will not be scheduled without completed paperwork due to staffing, planning, and organizational concerns.

Group Name / Department: ______________________________________________________________________________________

Contact Person: ________________________________________________________________________________________________

Name Phone #

Address

Group Information: # of Participants Preferred Session Length

(6 min. 8-14 ideal #’s Larger groups will be divided) (45 min. to 4 hours)

Goals for This Group: (please circle all that apply)

Teamwork Communication Problem Solving Challenge Climbing

Spotting Getting to Know People Balance Planning Listening

Trust Fun Other: __________________

How well do they know each other (meet weekly in class, met once before, members of same organization, live together, etc.)?

In your opinion, how well does this group work together (great, ok, no idea, hard to tell, dysfunctional, etc.)?

Any group limitations (fitness level, injuries, adaptations, etc.)?

Clothes: Be sure to tell participant to dress for participation and the weather. Hiking/Athletic shoes, pants, shorts, tops, and hats are recommended. Bring sunscreen and water.

Volunteer participation: Anyone with back, neck, or other physical problems should tell the facilitators and should not attempt elements, which might aggravate or compromise old injuries. The facilitators are here to instruct, assist, cheer, advise, guide and otherwise provide a safe, fun, outdoor recreational learning experience with an emphasis on first class customer service, safety, and individual/group growth. They are not “Drill instructors” and therefore do not yell, mandate nor order (unless safety is compromised).

For more information call ETSU Campus Recreation @ (423) 439-7981.

STAFF ONLY: Date: __________ Time: __________ Facilitators: ______________________

APPROVED / DISAPPROVED Date: ______________________

TOWER SUPERVISOR: ______________________ DATE: __________

Signature

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