

Adventure Program - Group Final Report

Please fill out the remaining information and return at least three (3) weeks before your scheduled event date.

Group Name: _____

Event Date: _____

Leader / Contact: _____

Event(s): _____

Please indicate any significant change from the contracted number of participants or their ages. Also, please indicate the number of leaders in the group.

Change in: Total Group Size: _____

Ages: _____

Number of leaders: _____

Group Composition: In order for us to serve you well, please tell us a little about who you are. What kind of group are you? How well do you know each other? What challenges, if any, is your group facing right now?

Goals: Please write any specific goals you wish to attain from the adventure activities.

Previous Experience: State any previous experiences your group or individuals in your group have had on Adventure Activities.

As leader of the group, I will take responsibility to inform all persons in my group concerning the guidelines and policies, as listed in the AP Contract and Adventure Activities Information Sheet; as well as distribute, collect, and review for completeness, the "medical / release" forms, prior to our arrival at Spruce Lake Retreat.

Signature: _____

Date: _____