



Inspiring all girls to be
strong, smart, and bold

Adventure Course Goals Questionnaire

The more that we know about your group, the better equipped we will be to design a workshop and choose activities that address your group's goals. Please be specific when filling out this form. Please return this completed form to kgibbon@gcr.girls-inc.org

Contact Person: _____ **Contact Phone #:** _____

Contact Email: _____ **Company Name:** _____

Number of Participants: _____ **Requested Program Dates & Times:** _____

Requested Package (Circle one): High 4hr Low 4hr Low 8hr Combo 2/2 or Combo 4/4

Background: Please briefly tell us about your group dynamics (jobs, departments, in what capacity you work together, etc.)

Workshop Goals: What do you wish to accomplish with your group via this workshop? This may include team building, communication skills, problem solving, trust building, etc.

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