

**GILMONT CHALLENGE COURSE**

**GROUP INFORMATION**

**PLEASE COMPLETE THIS AND RETURN IT TWO WEEKS BEFORE ARRIVAL.**

Name of Group: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone:(\_\_\_\_\_)\_\_\_\_\_

Date of Arrival: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Arrival: \_\_\_\_\_

Departure: \_\_\_\_\_

Lunch

Plans: \_\_\_\_\_

1. Number of participants: \_\_\_\_\_

2. Group Make-up: \_\_\_\_\_ #male(s) \_\_\_\_\_ #female(s) \_\_\_\_\_ Athletic (Y/N)

Current drug or alcohol abuse? (Y/N) \_\_\_\_\_

Does this group work together often? (Y/N) \_\_\_\_\_

Other: \_\_\_\_\_

3. Number of sponsors (if applicable) \_\_\_\_\_

4. Needs: \_\_\_\_\_

5. Goals: \_\_\_\_\_

6. Any other information that could be helpful: \_\_\_\_\_

**Each participant must bring the Release and Indemnity Agreement to the course with all other information provided and signed. A medical release form is also included in this registration packet. If your group does not already have this available, please use this form for each participant and bring it to the challenge course.**