

THE EDGE - THE MASON CENTER FOR
OUTDOOR EXPERIENTIAL LEARNING



GROUP INFORMATION SHEET

SCHOOL/GROUP NAME: _____ PROGRAM DATE: ___/___/___

CONTACT NAME: _____ CELL/HOME PHONE #: _____ GRADE: _____

NUMBER OF PARTICIPANTS IN YOUR GROUP: _____ + _____ = _____
FEMALES # MALES TOTAL

IF WE ARE PROVIDING MEALS: _____ + _____ = _____ # OF VEGETARIANS MEALS: _____
YOUTH ADULTS TOTAL

TRANSPORTATION # OF VEHICLES: CAR(S) _____ VAN(S) _____ BUS(ES) _____

PARKING IS FREE. VEHICLES MUST PARK IN THE FREEDOM CENTER PARKING LOT

*This required form confirms the number of participants attending your program. **IT IS DUE 6 WEEKS BEFORE YOUR PROGRAM DATE! A REDUCTION IN NUMBER AFTER THIS TIME WILL NOT RESULT IN A REDUCED COST of the program.** Please use it to create a snapshot of your school/groups so that we may provide the best program to fit the needs OF YOUR TEAM.*

<p>ALL PROGRAMS FOCUS ON:</p> <ul style="list-style-type: none"> ✓ Problem Solving in a group setting ✓ Cooperation in achieving a common goal ✓ Active Listening & Effective Communication 	<p>WHAT IS THE NATURE OF THIS GROUP?</p> <table border="0"> <tr> <td><input type="checkbox"/> Traditional Classroom</td> <td><input type="checkbox"/> Religious</td> </tr> <tr> <td><input type="checkbox"/> Alternative/Center School</td> <td><input type="checkbox"/> Sports Team</td> </tr> <tr> <td><input type="checkbox"/> School Club</td> <td><input type="checkbox"/> Community Group</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Traditional Classroom	<input type="checkbox"/> Religious	<input type="checkbox"/> Alternative/Center School	<input type="checkbox"/> Sports Team	<input type="checkbox"/> School Club	<input type="checkbox"/> Community Group	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Traditional Classroom	<input type="checkbox"/> Religious								
<input type="checkbox"/> Alternative/Center School	<input type="checkbox"/> Sports Team								
<input type="checkbox"/> School Club	<input type="checkbox"/> Community Group								
<input type="checkbox"/> Other: _____									

IN ADDITION, YOU MAY CHOOSE TO EMPHASISE ONE OF THE FOLLOWING:

<input type="checkbox"/> Showing Respect	<input type="checkbox"/> Trust/Confidence	<input type="checkbox"/> Making Choices
<input type="checkbox"/> Dealing with Frustration	<input type="checkbox"/> Understanding Different Perspectives	

DESCRIBE THE DAY TO DAY INTERACTIONS (GROUP CLIMATE, DO THEY KNOW EACH OTHER ETC?)

WHAT IS THE BIGGEST CHALLENGE THE GROUP FACES?

OUR TEAM WOULD LIKE TO LEAVE WITH:

HOW DO YOU PLAN ON USING YOUR EXPERIENCES BACK IN THE CLASSROOM/ORGANIZATION?

PLEASE PROVIDE THE # OF PARTICIPANTS WITH SPECIAL NEEDS TO HELP US ENHANCE OPPORTUNITIES FOR ALL TEAM MEMBERS:

<input type="checkbox"/> WHEELCHAIR # _____	<input type="checkbox"/> ADD # _____	<input type="checkbox"/> NON-ENGLISH/ESL # _____
<input type="checkbox"/> CEREBRAL PALSY # _____	<input type="checkbox"/> ADHD # _____	<input type="checkbox"/> SPRAINS/BREAKS # _____

DEGREE OF MOBILITY: _____ NOTABLE BEHAVIOR ISSUES: _____ OTHER: _____