

UNIVERSITY GROUP INFORMATION SHEET



UNIVERSITY GROUP NAME: _____ **PROGRAM DATE:** ___/___/___

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

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

IF WE ARE PROVIDING MEALS: _____ + _____ = _____
REGULAR VEGETARIAN TOTAL

TRANSPORTATION TYPE AND # OF VEHICLES: _____ I.E. CAR _____ VAN _____ BUS _____

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

*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 group 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"> <input checked="" type="checkbox"/> Problem Solving in a group setting <input checked="" type="checkbox"/> Cooperation in achieving a common goal <input checked="" type="checkbox"/> Active Listening & Effective Communication 	<p>WHAT IS THE NATURE OF THIS GROUP?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Sorority/Fraternity <input type="checkbox"/> ROTC <input type="checkbox"/> School Club <input type="checkbox"/> Other: _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Religious <input type="checkbox"/> Sports Team <input type="checkbox"/> Student Government </div> </div>
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IN ADDITION, YOU MAY CHOOSE TO EMPHASIS ONE OF THE FOLLOWING:

Showing Respect
 Dealing with Frustration

Trust/Confidence
 Understanding Different Perspectives

Making Choices

DESCRIBE THE DAY TO DAY INTERACTIONS OF THE GROUP (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 YOUR 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:** _____