

This form does not create an obligation on the part of your organization. It simply provides information so that instructors with the PEAK program can better prepare for your group should your organization choose to participate in a Team Building or Challenge Program.

Name of Organization:

Address:

Address:

Name/Title of Primary Contact:

Cell Phone:

email:

We are most interested in programs designed for (check all that apply) . . .

Professional Development	Adventure
Leadership	Group Development
Team Building	Spirit and Morale
Communication	Self-confidence
Problem-solving	Self-reliance
Conflict Resolution	Physical Fitness
Cooperation	Leadership/Ability to Follow
Trust	Fun and Adventure
Risk	Other:
Spirit and Morale	
Other:	

We are interested in a program that includes one or more of the following events/activities (check all that apply):

\_\_\_\_\_ Alpine Tower (ropes course) activities

\_\_\_\_\_ Odyssey Course (ropes course) activities

\_\_\_\_\_ Ground Initiative activities

\_\_\_\_\_ Whitewater kayaking (beginner and/or intermediate)

\_\_\_\_\_ Flatwater paddling (sea kayaking, canoeing)

\_\_\_\_\_ Rock Climbing

\_\_\_\_\_ Mountain Biking

\_\_\_\_\_ Hiking/Camping/Backpacking

\_\_\_\_\_ SCUBA Diving

We would like for our p	rogram to be				
		Half-day			
		Full-day			
		Multiple-day			
		Overnight			
Our approvimate group	aiza may ba				
Our approximate group	size may be	·			
Three dates that are po	ssibilities for our organiz	ation:			
1	2		3		
Please provide a brief of	description of your organi	zation:			
·					
Goals for our organizat	ion that should be met th	rough participation	in a PEAK program	are.	
douid for our organizat		reagin participation	in a r Er it program		
1					
•					
2					
3					
0					
Limitations that our organization might have are:					
Additional Comments .					

Please return this form to:

The PEAK Program Heathwood Hall Episcopal School 3000 South Beltline Boulevard Columbia, SC \* 29201