**Balarat Challenge Course**

**Reservation Request Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Group Name: |  | Today’s Date: |  |
| Your Name: |  | Phone: |  |
| Email: |  | | |
| Party / Department Responsible for Payment: | |  | |

**Bill To:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone: |  |
| Mailing Address: |  | City: |  |
| Email: |  | Zip: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1st Choice for Program Date: |  | Start Time: |  | End Time: |  |
| 2nd Choice for Program Date: |  | Start Time: |  | End Time: |  |
| Group Type:  DPS Students  DPS Staff School/Nonprofit  Other | | | | | |

Requested Activities:  Challenge Course  Low Elements  Zipline  Giant Swing

Number of People Expected:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number: |  | DPS Students | Number: |  | Other Under 18 |
| Number: |  | DPS Staff | Number: |  | Chaperones |
|  |  |  | Number: |  | Adult Participants |

|  |  |
| --- | --- |
| Age Range of Participants: |  |

How will you be arriving:  Balarat DPS Bus  Private Bus Company  Personal Vehicles

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Private Bus Company | Name: |  | Phone #: |  |
| # of Personal Vehicles: |  | (we highly suggest carpooling) | | |

|  |  |
| --- | --- |
| How well do the members of your group know each other? |  |

Has your group been to the Balarat Challenge Course before?  Yes  No

|  |  |
| --- | --- |
| Do you have any physical concerns for your participants? |  |
|  | |
| Is there anything else we should know about your program? |  |
|  | |

**\* Please return this form to:** [Patrick\_emery@dpsk12.org](mailto:Patrick_emery@dpsk12.org) **\***