**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 **\***