

**LONGWOOD UNIVERSITY
ROPES COURSE
INFORMATION SHEET**

Name of Group or Organization: _____

Date of Use: _____

Type of Group:

_____ Male

_____ Female

_____ Coed

Number of Participants: _____

Age Range: _____

Time Frame: _____

Purpose: (What would this group like to gain or accomplish from the Ropes Course Experience?)

From what you know as the group representative, are there any physical, mental, behavioral or health related issues that the facilitators need to know to ensure the greatest safety and enjoyment for your group? Please describe.

Name of Leader or Person in Charge of Group: _____

Telephone Number: _____

Email Address: _____

Payment (if applicable) _____

To be filled out by Ropes Course Facilitator

Elements Used: _____

Initiatives Used: _____