

UNCA OUTDOORS
DIAMOND BRAND LOW ROPES COURSE

Interest Form

Contact Person: _____ Group Name: _____

Mailing Address: _____

Day Time Phone: _____ Night Time Phone: _____

E-Mail: _____ Date: _____

Please Check the type of program you are interested in for your group:

___ Full Day Program (8 Hours) ___ Half-Day Program (4 Hours)

Please List Three Possible Dates and Times for the Program:

1st Choice Date/Time: _____

2nd Choice Date/Time: _____

3rd Choice Date/Time: _____

Estimate Number of Participants (Minimum Number = 6): _____

Your Description of the Group: _____

Goals for Participating on the course: _____

If Desired Please Mark:

UNCA OUTDOORS PROVIDES: _____ Food (Lunch with Full Day Program)

_____ Transportation To and From Course

Please Drop this Form off, email or mail to the UNCA Outdoors Office

UNCA OUTDOORS, 107 Health and Fitness Center, One University Heights - CPO 2650,
Asheville, NC 28804 or oeinfo@unca.edu

FOR OFFICE USE ONLY:

Date Assigned: _____ Rain Date: _____

Confirmed On (Date): _____ Quoted Price: _____

Facilitator(s) : _____

Pre-Program Meetings Date/Time: _____