

Ropes Course Interest Form

The PLFC Ropes Course experience is unique to each participating individual and group. Please fill out this form to help us tailor your time on the Ropes Course to meet your goals. Thank you.

Group/Organization:

Contact Name:

(Please designate only one person)

Phone Number:

Mailing Address:

(Street, city, state, and zip)

Email Address:

Time/Date of Ropes Course Session:

Number of Participants and Number of Supervising Adults:

(1:7 ratio recommended for ages <15)

Please describe any participant or group limitations:

(Physical difficulties, cognitive difficulties, emotional difficulties, subjects to avoid, other)

Circle or highlight goals for your group and indicate your top 3.

Communication Planning and Decision-Making Trust

Team Work Personality Differences Expression of Feelings

Individual Responsibility Spiritual Discipleship Self-Confidence

Leadership Encouragement Other (Please describe)

<u>Each participant should bring a water-bottle and wear lace up supportive shoes that cover the entire</u> foot for the PLFC Low Ropes Course.

Thank you for completing this and returning it to us. If you have any questions, don't hesitate to call us at 601-483-2267 or email suzanne@pinelakecamp.com