

Pre-Trip Questionnaire

Contract #:

TRIP INFORMATION			
Group: _____	Contact Person: _____	Dates of Trip: _____	
Type of Trip: _____		Adults: M__ F__	Youth: M__ F__
Age: Jr. High / Sr. High			
Phone: _____		Fax: _____	E-mail: _____

GROUP SNAPSHOT

How long has the group known each other?	
How often do they get together? For what?	
What issues are being discussed and/or creating divisions within the group, i.e. cliques?	
Are there any dietary needs?	Are you aware of anyone with physical limitations?

MARKETING

LOGISTICS

How did you hear about YD Adventures?	Do you foresee any conflicts with arrival and departure times?
What # in group has gone on a trip with us before?	How many adults will be involved during the trip?

GOALS / EXPECTATIONS

What is your foremost goal or expectation?
What other outcomes would you like to see come from your time with us?
Why did you pick this activity?

MINISTRY

Place % of students within a specific focus group	Outreach:	spiritual growth:	Leadership:
Describe the depth of discussions that the group currently has:			

Roster of Participants
Contract #: _____

TRIP INFORMATION	
Group: _____	Dates of Trip: _____
Leader: _____	Type of Trip: _____

Number	Student Name	Emergency Day Phone	Emergency Night Phone	Amt. Paid	Med/Rel Form	
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E-mail or fax to specific YD Adventures base or bring form with you. Thank You!