



Outdoor Pursuit Center  
G.O.A.L. Program  
(Group Opportunities And Leadership)

Miami University  
Recreational Sports Center  
Oxford, OH 45056  
(513) 529-1439  
GOAL@muohio.edu

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## EVENT REQUEST FORM

Please print or type all the information below and return this form to:

Outdoor Pursuit Center- GOAL Program  
700 South Oak Street  
Oxford, Ohio 45056  
(513) 529- 1439

Group Name: \_\_\_\_\_

Number in group: male \_\_\_\_\_ female \_\_\_\_\_ Age Range: \_\_\_\_\_

Contact: \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

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Best times to contact you: \_\_\_\_\_

Program requested: \_\_\_\_\_

Length of Program: \_\_\_\_\_

All possible dates and times: \_\_\_\_\_

### Payment Method: (check one)

Departmental Transfer of Funds  
account number to be billed: \_\_\_\_\_

Check or Money Order

(Must be made out to Miami University and **submitted with signed contract at least 2 weeks in advance**).

Visa or MasterCard (please circle one)

Exp. Date: \_\_\_\_\_

Card Number: \_\_\_\_\_

Name that appears on the card: \_\_\_\_\_

Signature: \_\_\_\_\_

All participants should have health insurance. Miami University does not provide health insurance for program participants and is not responsible for accidents and associated hospital expenses.

Signed waiver forms are needed for all participants. Parental Consent Forms are needed for all participants under the age of 18.  
PLEASE MAKE COPIES AS NEEDED AND BRING THE SIGNED WAIVERS TO THE EVENT.

**PLEASE FILL OUT OTHER SIDE OF FORM**

**Group Objectives:** Please circle the issues related to group dynamics that are most important for your group to focus on during their challenge course experience and tell us why. Attach another sheet if necessary.

Team Building:

Communication:

Trust:

Leadership:

Working Roles:

Active Participation:

Risk Taking:

Critical Thinking:

Responsibility:

Challenge:

Support:

Additional Focus Areas:

**Group Information:** (Please provide information on your group that will be helpful in designing our program)

How long has the group been together? (New members? Newlyformed group?)

What is the basic function of the group? (What does the group do together?)

Any physical limitations? Health concerns?

What are your group's strengths and weaknesses?