



## Georgetown Challenge Course Request Form

This form is to be submitted to the Challenge Course Office at  
The City of Georgetown Parks and Recreation Administration Office, via:

1101 N. College St.  
P.O. Box 409  
Georgetown, TX 78627

Email: [Art.Ortiz@Georgetown.org](mailto:Art.Ortiz@Georgetown.org)  
Office: **512.931.2757**  
Fax: 512.930.3566

**A minimum of two weeks is required for scheduling.**  
Submitting this form **does not guarantee** confirmation of your program.  
Call 512.931.2757 for further details.

Organization/Department/Group: \_\_\_\_\_

Requested date: \_\_\_\_\_ Requested start time: \_\_\_\_\_

Expected number of participants: (required minimum of 10) \_\_\_\_\_

Request program type:  4-hour Low Challenge       6-hour Low/High Challenge  
 6-hour Low Challenge

Group Category:       Corporate Agency  
                           Small Business  
                           Non-Profit (schools, churches, government agencies,...)

Contact person & position: \_\_\_\_\_

Phone numbers: [Office] \_\_\_\_\_ [Mobile] \_\_\_\_\_ [Fax] \_\_\_\_\_

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

Billing address (with zip code): \_\_\_\_\_

Budget coordinator's name & phone number: \_\_\_\_\_

# Group Information Sheet

Please take a moment to respond to the following questions. Thorough responses will provide us more information to be able to customize each activity within your program to be as beneficial for your group as possible. If you have any questions, please feel free to contact the **Art Ortiz, Challenge Course Coordinator at 512.931.2757**. Please feel free to attach additional pages for more information.

- **What would you like to achieve from this experience?**
- **Is participation in this program mandatory or voluntary for the participants?**
- **Is your organization paying for the participants?**
- **Will the group's managers and/or supervisors be attending and actively participating in the program?**
- **What is the age range and physical ability of the participants? *(Please note; and individual's physical ability has nothing to do with the success or failure of the group during our activities. This will just help us pick appropriate activities for the group.)***
- **What are your group's immediate and/or long term goals?**
- **How long will this particular group be together?**
- **What are the current challenges your group faces?**
- **Do the participants of this group work closely together, or are they coming from different work areas?**
- **How well do the members of the group know each other?**
- **After our program, what change(s) would you like to see in your group?**

**Please list any special needs or concerns that you, or members of your group, may have.**

- **Have you, your group, or any members of your group participated in a Challenge Course experience before? If so, was it with the Georgetown Challenge Course, or a different organization?**
- **How did you hear about Georgetown Challenge? Were you referred, by whom?**
- **What was your reason you and you group choose to come to the Georgetown Challenge Course?**

### **Additional Information**

- **Is your group planning on having lunch at the facilities?     Yes             No**
  - **If so, what time would the group want to break for lunch? \_\_\_\_\_**
  - **And, how long for lunch? \_\_\_\_\_**

**Standard Program Offerings and Fees**

There is a **\$50.00 non-refundable reservation fee**, plus participant rates.  
 The resident rate is determined by the organization (inside or outside city limits).

<i>Resident of Georgetown</i>	Low Challenge (4-hrs)	Low/High Challenge (6-hrs)
<i>Business Group (for profit)</i>	\$35/person	\$45/person
<i>Non-Profit Agency</i>	\$25/person	\$35/person

***Non-Resident of Georgetown***

<i>Business Group (for profit)</i>	\$45/person	\$55/person
<i>Non-Profit Agency</i>	\$35/person	\$45/person

**Estimate for your group** based on this request:  
*(Please DO NOT pay from this form)*

Group Size: \_\_\_\_\_ X Group Rate: \_\_\_\_\_ = \_\_\_\_\_  
 + \$50.00 Reservation Fee: \_\_\_\_\_  
 = Total Estimate \_\_\_\_\_

Contact Person's Signature: \_\_\_\_\_  
 Signature indicates formal agreement to all above terms.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

***Please make sure that the Request Form is filled out, in its entirety, before submittal. Incomplete Forms will not be processed and will result in not having programming for your group on the requested date.***

## Billing Information

*(Please keep for your own information)*

- **First**, a **\$50.00 non-refundable reservation fee** is required to secure the approved requested date. **Program Date:** \_\_\_\_\_
- At least **three weeks prior** to your program you **must declare** the number of participants who will be in attendance. This declaration of attendance is necessary to schedule staff and program the day's events.  
**Number of Participants:** \_\_\_\_\_
- **Balance/Fees** are **due two weeks before** the program, unless the program coordinator has made other arrangements with your group.
- Payments are to be received at the Parks and Recreation Administration Building. Please make checks out to "City of Georgetown", or if paying by pay credit card, call 512-930-3595, or 512-930-2757.