



Challenge Center Program **Goals and Expectations**

Thank you for booking a program at the OUTBAC Challenge Center!

Please answer the following questions so that we may effectively plan your program.

Organization		Program Date	
Main Contact Name		Number of Participants	
Phone Number		What is your preferred time for a lunch break?	
Will this contact be present the day of your program?	Yes <input type="checkbox"/> No <input type="checkbox"/>	6 hour programs only.	
If no, please provide the direct contact who will be present			
Program Contact Name			
Phone Number			
How will you be arriving the day of your program? (EX. bus, lightrail, car)			

What would like to be the focus of your program? Please mark up to 3:

- | | | |
|--|--|---|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Trust | <input type="checkbox"/> Positive Risk Taking |
| <input type="checkbox"/> Decision Making | <input type="checkbox"/> Compassion | <input type="checkbox"/> Confidence |
| <input type="checkbox"/> Teamwork | <input type="checkbox"/> Respect | <input type="checkbox"/> Reliability |
| <input type="checkbox"/> Leadership Skills | <input type="checkbox"/> Adaptability | <input type="checkbox"/> Goal Setting |
| <input type="checkbox"/> Integrity | <input type="checkbox"/> Fun | <input type="checkbox"/> Delegation |
| <input type="checkbox"/> Critical Thinking | <input type="checkbox"/> Conflict Resolution | <input type="checkbox"/> Accountability |

Provide a description of your group's relevant demographics. (For example: age range, physical stamina, grade level, etc..)

What is the common mode and frequency of communication? (email, text, phone, in-person, etc...)

How do the participants interact with one another? What are some areas of participant interaction that need attention?



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Are there any organizational core values, specific phrases, or terminology you'd like us to incorporate into the program?

Are there any participants that require accommodations? (For example, cultural restrictions, participant injuries, participants with disabilities, language barriers, etc.) If so, please elaborate.

What expectations do you have for your program and what goals would you like to see achieved by the end of the program?

From the options below, please choose the level that you believe best fits the capability/needs of your group. Please note that your Team Lead will make all final decisions on group activity difficulty.

Activity Difficulty	YES/NO
Low: Activities involve minimal physical exertion and occur entirely on the ground, such as walking-based exercises or team-building games. No elevation or climbing is required.	
Medium: Activities include a combination of ground-based challenges and low-level elevation up to 2 feet, such as balance beams or swings. Participants may experience slight instability but remain close to the ground. (Ability to use Ground Based Challenge Course)	
High: Activities demand significant physical effort, including climbing structures that require participants to ascend, descend, and support their own body weight, as well as others. These challenges test strength, endurance, and cooperation in more strenuous conditions.	

Please return this form with your contract