



Office of Community Programs

PRELIMINARY INFORMATION

Group Name: _____

Event Type: _____

Contact Person: _____ E-Mail: _____

Phone Number: _____ Cell Phone: _____

Date/Date Range: _____ Desired Time on Course: _____

Number of Participants: _____ Age Range: _____

Include (circle): snacks water lunch t-shirts other: _____

Target Goals:

Elements Desired:

Facilitators Requested, if
any: _____

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