



Custom Adventure Reservation Request Form

Please complete the following information below, checking boxes of all activities you are interested in – our REC department will contact you to begin creating your Custom Adventure!

Today's Date _____

PARTICIPANT INFORMATION

Name: _____

Dates/Times Requested: _____

Primary Contact Name: _____ Title: _____

**activities are limited during shoulder seasons (April, May, October and November)

Email: _____ Phone: _____

Mailing Address: _____

BILLING INFORMATION same as above

Name: _____

Primary Contact for Billing: _____ Title: _____

Email: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Number of Participants _____ Ages of Participants _____

Group ability/Disability _____

Please let us know about goals for your Adventure _____

Please select the activities you are interested in participating:

- | | | | | |
|--|--|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Alpine Skiing | <input type="checkbox"/> Snowboarding | <input type="checkbox"/> Nordic Skiing | <input type="checkbox"/> Snow Shoe | <input type="checkbox"/> Bowling |
| <input type="checkbox"/> Snowmobile | <input type="checkbox"/> Music Therapy | <input type="checkbox"/> Sleigh Ride | <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Sledding |
| <input type="checkbox"/> Dog sledding | <input type="checkbox"/> Hot Springs | <input type="checkbox"/> Traditional Ullr Dining/Activities | | |

Thank you for your request!

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