



## Group Reservation Request Form Summer

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 group adventure!

Today's Date \_\_\_\_\_

### GROUP INFORMATION

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

Dates/Times Requested: \_\_\_\_\_

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

Primary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

### BILLING INFORMATION same as above

Name of Organization: \_\_\_\_\_

Primary Contact for Billing: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please select the type of group or organization:

Hospital  School  Military  other \_\_\_\_\_

Number of Participants \_\_\_\_\_ Number of Staff \_\_\_\_\_ Age Range of Participants \_\_\_\_\_

Group ability/Disability \_\_\_\_\_

Please let us know about goals for the group \_\_\_\_\_

\_\_\_\_\_

Please select the activities you are interested in participating:

- |  |  |                                      |   |                                  |
|--|--|--------------------------------------|---|----------------------------------|
| <input type="checkbox"/> River Rafting     | <input type="checkbox"/> Swimming      | <input type="checkbox"/> Sailing     | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Bowling |
| <input type="checkbox"/> Hiking            | <input type="checkbox"/> Music Therapy | <input type="checkbox"/> Sleigh Ride | <input type="checkbox"/> Arts & Crafts    | <input type="checkbox"/> Biking  |
| <input type="checkbox"/> High Ropes Course | <input type="checkbox"/> Hot Springs   | <input type="checkbox"/> Archery     | <input type="checkbox"/> Fishing          | <input type="checkbox"/> Camping |

Thank you for your request!

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