

Name of Group/Organization: _____ Activity Spokesperson: _____

Address/City/State/Zip: _____

Phone # _____ E-mail: _____ Fax # _____

Date(s) of use: _____ Starting Time: _____ Finishing Time: _____

of people attending: _____

FEE STRUCTURE: \$5 per participant per hour (Minimum 2 hour course). You need to have a minimum # of 8 and a maximum number of 30. There is also a \$20 dollar facilitator fee for each group.

We can issue an invoice or you may pay at the time of use. The bill will be sent to the spokesperson for the activity and he or she will be responsible for rendering payment. If the organization is from Idaho State University there is also the option to charge a University account. Please choose one of the payment options below.

Send an Invoice Payment at the Time of Use Charge to ISU Account # _____

Cancellation Policy

1. CW HOG reserves the right to cancel any event if conditions are deemed unsafe. All possible attempts for notification will be made in a timely a manner.
- 2. A 48-hour cancellation notice will be subject to a 50% charge of the total cost.**
- 3. A 24-hour cancellation notice will be subject to a 100% charge of the total cost.**

Upon signing this document, you are stating that you understand the above cancellation policy and also that you assume financial responsibility for any debts incurred.

Signed _____ Date _____

Please send or fax to:

Bob Ellis, Associate Director
CW HOG
Idaho State University
Pond Student Union, Campus Box 8128
Pocatello, Idaho 83209

Phone 208-282-3912
Fax 208-282-2127
E-mail ellirobe@isu.edu

Permit approved by CW HOG _____
(CW HOG signature) _____ Date _____

*** Please note: Reservations must be received 2 weeks in advance.**

**Idaho State University
CW HOG
Universal Challenge Facility
Group Assessment Form**

Group Name: _____

Spokesperson: _____

The following information will help us design a quality program for your group:

Of Participants: _____ Age Range: _____ Average Age: _____

Approximate overall fitness level of the group (circle one):

Athletic Active Average Below Average Poor

How long has the group been together?

Will the group know each other's names?

If the group has been together prior to the course, what have their tasks, duties, or activities been while together?

What *specific* tasks, duties, and activities will your group be engaged in *after* they leave the course?

When the course is completed, what specific outcomes or improvements would you like to see in your group (i.e. improved group communication, decision making, cohesiveness, trust, problem solving, etc.)? If you desire multiple outcomes, please rank in priority order below:

Is there any additional information you would like us to consider when designing your course?

I grant the CW HOG program the right to use, for promotional purposes, any photographs or video footage taken of me during my participation in the CW HOG program as well as the right to discuss my ability/disability for the purpose of community outreach, fund raising and other program related agendas. (Circle one: YES / NO)

Signature: _____