

ADVENTURE PURSUITS
Climbing Gym Booking Sheet

Campus Recreation Services
Towson, MD 21252
Phone: 410-704-2367



Organization/Group/Individual Name: _____ Phone: _____

Group Leader Name: _____ Email: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Type of Organization:

- School Group
- Business/Corporation
- For-Profit Agency
- Non-Profit Agency
- TU Affiliate
- Other (please specify) _____

Description of group: _____

Date of Event: _____ Time of Event: _____

Number of Participants: _____ Males: _____ Females: _____

Group Age Range: _____ to _____

Activities Requested:

- Climbing Wall

How long have they known each other? _____

Group interaction levels: _____

Group comfort levels: _____

Group goals: _____

Specific program interests or activities to avoid: _____

Special Considerations: _____

Has your group ever participated in a climbing gym course before? Yes No

Facilitators Assigned

Lead: _____ Phone: _____

Assistant: _____ Phone: _____

Assistant: _____ Phone: _____