

GROUP PROFILE AND GOAL SHEET

Group Name: _____ Arrival Date: _____

Contact's Name: _____ Phone #: _____

Number of Participants _____ Males _____ Females _____

Age of group members: 9-12 13-18 19-25 25 +

Are there participants with special needs? No Yes Explain:

Your program will be tailored to your groups needs. In order to create the most effective and beneficial program, we ask that you complete the following information. This information is the foundation of your program. The Teams Course can be used to work towards a range of goals. The more information you provide, the more beneficial the program will be for your group.

What is the major reason for this event?

Group Needs: Which of the following are important to this group? Please circle three.

Effective Feedback	Decision Making	Confidence	
Conflict Resolution	Trust Building	Motivation	Group Focus
Play / Fun	Creativity	Peer Respect	Group Consensus
Communication	Resource Management	Cooperation	Problem Solving
Leadership	Time Management	Team Spirit	

The Goals: How will we know if we have met your goals?

What will be the most challenging detail of this event?

**AS SOON AS POSSIBLE, PLEASE RETURN BY FAX TO:
YMCA Camp Algonquin, Fax 847.658.8431, Phone 847.658.8212**

Office Use Only

Meet group at: Dining Hall Parking Lot Save Laundry Other _____

Water: On course Carry With Bottled

Lunches: Bringing We provide Sack Lunch We provide in Dining Hall None

Snack: Bringing We Provide None

NOTES: