

YWAM Salem Ropes Challenge Course Questionnaire

Enclose a \$50.00 Deposit and send back to:

YWAM

Ropes Course Box 82
7085 Battle Creek RD
Salem, OR 97301

Name of Group: _____
Ropes course date and time: _____
Contact person: _____
Phone #: _____

Approximate ages and numbers:

Jr. High Males: _____ Females: _____ Sr. High Males: _____ Females: _____ Adult Males: _____ Females: _____

What is the purpose of your group or team?

How well do the group or team members know each other? Is teamwork important in this group?

What is the commitment level of people in the group or team to each other? Are they coming voluntarily or on a mandatory basis to the ropes course?

List Three (3) positive traits that your group or team possesses.
(Example; encouraging, creative, cooperative)

List Three (3) areas that you would like to see positive growth in your group or team.
(Example; Listening, goal setting, initiative)

What are some expectations that you and your group or team have in coming to this Ropes Challenge Course?