

Project Great Outdoors Adventure Program Application

GREAT Please complete and return this application to Project Great Outdoors, P.O. Box 50524, Sparks, NV 89435, or email your response to info@projectGO.org. Please call 1-888-827-8859 should you have any questions. Thank you!

Contact Information So we can keep in touch!

Organization	Program		ame (If Applicable)			
Primary Contact Name						
Address						
City, State, Zip						
Primary Phone		Alternate Phone		Fax		
Primary Contact Email		Website				
Croup Information	On Constant					
_	On So we can learn about you ganization and/or program. V			oarate snee	t it requirea.	
		,				
2. Please describe the c	lemographics of participants.	•				
3. What percentage of	participants qualify for reduce	ed price or free	school lunches?			
A 1400			1 910 0			
	nis program participate in oth nis one? If so, please describe.	er outdoor or t	eam building activ	ities within t	inree months	
5 What do a base	The college of the college of		2 M . J . I		and a referrible and all laborates	
	d, so we can better tailor our				nost applicable, and elaborate	
☐ improve individual resilience ☐ improve self-co ☐ have fun ☐ build trust			trol improve teamwork & communication skills			
☐ Have full	J build	itiust	_	otriei		
Trip Date When wo	uld you like to have your trip?					
1st Choice DATE		2nd Choice DATE				
Which program l	best fits your needs?	Indicate your	group size and selec	t an activity.		
☐ Small Group - \$250 Up to 10 participants ☐ Medium Group - \$11-20 participation			Large Group - \$0 21-30 participants	500 	☐ Special Request If your trip is larger	
O Whitewater raftin			O Whitewater raft	ting	or thoro are special	
O Ropes course	O Ropes course		O Ropes course			
On site program	On site progra	ım	On site program	•		