Thank you for taking an interest in our Team Building Programs! Our goal here is to tailor every program to the particular needs of each group. The following questions will assist us in assessing how to meet the goals of your particular group. To ensure a well-prepared program, please complete this form and return it to the Mort Harris Recreation and Fitness Center.

**Please describe your organization and its mission:**

**Why is your group taking the time to spend a day at the Mort Harris Recreation and Fitness Center Team Building Program?**

**Please circle three elements that you consider to be vital areas of improvement for your group. Also, please place a box around at least three elements that you consider to be strengths of your group:**

- **Resource Management**
- **Effective Feedback**
- **Exploring Diversity**
- **Conflict Resolution**
- **Problem Solving Skills**
- **Group Consensus**
- **Coordination**
- **Confidence**
- **Decision Making**
- **Timing**
- **Team Spirit**
- **Trust Building**
- **Communication**
- **Cooperation**
- **Motivation**
- **Group Focus**
- **Visualization**
- **Creativity**
- **Teamwork**
- **Peer Respect**
Given the elements that you have circled, please describe how and why each of the three goals is important to your group:

On the following scale, the focus of the day should be:

1  2  3  4  5

Having fun  Dedicated to achieving the above goals

On the following scale, the members of your group:

1  2  3  4  5

Do not know each other  Know each other very well

In regards to your group, what will be the most challenging aspect of the day for us as staff?

Please describe the composition of your group:
Event Coordinator’s Contact Information

Name of Organization: ______________________________ Date: __________

Name of Coordinator: ______________________________ 

Address: ____________________________________________

City: __________________ State: _______ Zip Code: ____________

Phone: (_____ ) ______- ____________

E-mail ______________________________________________

Emergency Contact Information

Name: _____________________________________________ Relation: _________________

Phone: (_____ ) ______- ____________