



# Challenge Course Contract

The following is a summary of the details discussed in preparation for your adventure program at Camp Fire USA Long Beach Area Council. Please read through the contract and if you have any questions, please contact us.

## Group Information

Group: \_\_\_\_\_ Phone: \_\_\_\_\_

Coordinator: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

## Program Information

Date \_\_\_\_\_ Arrival Time \_\_\_\_\_ Departure Time \_\_\_\_\_

# of Children \_\_\_\_\_ # of Adults \_\_\_\_\_ Rate per person \_\_\_\_\_

Total Fee: \_\_\_\_\_

## Needs Assessment

Please describe what program goals/objectives your group wants to focus on.

---

---

---

---

## Contract and Billing Information (Please read carefully)

Please sign and return one of the two enclosed contracts. Your program date will be confirmed only upon receipt of this contract. You are committing to bring a minimum of 10 people or pay the equivalent amount. We need your final count 5 days prior to your program. If your final count decreases by 10 or more after that time, you may be charged a facilitator fee. **All program fees are due 7 days after the event date.**

Challenge Course Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Group Representative \_\_\_\_\_ Date \_\_\_\_\_