

FSU Campus Recreation FSU CHALLENGE

Request Form

This form must be submitted to the FSU Challenge Office at
The Florida State University Reservation, via:

3226 Flastacowo Road
Tallahassee, Florida 32310-4290

Email: fsuchallenge@admin.fsu.edu
or Fax: 850.644.9852

A minimum of two weeks is required for scheduling.

Submitting this form **does not guarantee** confirmation of your program.
Call 850.644.6124 for further information.

Organization/Department/Group: _____

Requested date & time: _____ Number Attending: _____
(Group is responsible for paying 90% of the declared attendance or the actual number; whichever is larger.)

Select Challenge Topic: New Team, One Dream Everyone Can Lead
 Transforming Your Tribe The Challenge of Civility
 Turn Up The Volume Custom

Select Challenge Level: 2-hour Field Challenge 6-hour Low & High Element Challenge
 4-hour Low Element Challenge 8-hour Low & High Element Challenge
 6-hour Low Element Challenge Custom

Group category: FSU Registered Student Organization* Non-Profit Agency
 Other FSU groups & Gov. Agencies Corporate Agency
**Please note: having FSU students in your organization does not necessarily qualify you as a Registered Student Organization.*

Contact person & position: _____

Phone numbers: [Day] _____ [Night] _____ [Fax] _____

E-mail address: _____

Billing address (with zip code): _____

Budget coordinator's name & phone number: _____

Group Questionnaire

Please take the time to answer the following questions. Detailed responses will give us more information that will enable us to tailor each activity within your program to be as beneficial for you group as possible. If you have any questions, please feel free to contact the Program Director at 850.644.6124. Please feel free to attach additional pages for more information.

Why did your group decide to come to FSU Challenge?

Is participation in this program mandatory or voluntary for the participants?

Is your organization paying for the participants?

Will the group's supervisors be attending and actively participating in the program?

What is the age range and physical ability of the participants? (Please note: an individual's physical ability has nothing to do with the success or failure of the group during our activities. This information will help us pick appropriate activities for your group.)

What are your group's immediate and/or long term goals?

How long will this particular version of your group be together?

What current challenges are members of your group facing?

After our program with you is over, what change would you like to see in your group?

Does everyone in this group work closely, or within different systems?

How well do the individuals within this group already know each other?

Please list any special needs or concerns that you, or members of your group, may have.

Have you, your group, or members of your group done a Challenge Course before? If so, was it with FSU Challenge or a different organization?

How did you hear about FSU Challenge?

Additional Information

Is your group arranging for catering? Yes No

If so, list Catering Agency and Phone Number. _____

Also, arrival time of food: _____

Other Reservation space or programming you are requesting:

PLEASE NOTE:

- Arrangements for other FSU Reservation space and programming should be made by contacting the Facility Coordinator at 850.644.6892. These may include conference center meeting rooms beyond your designated program time, overnight accommodations, and/or audio/visual equipment or waterfront activities.
- The group will assume responsibility for damages to equipment and/or facilities beyond normal wear and tear.
- There will be an additional charge for meeting center requests beyond your program time.
- Tax-exempt groups **must show proof** of this status in writing prior to the course.

Total estimate for your group based on this request (please do not pay from this form):

FSU Challenge Course: _____

Conference Center: _____

Other: _____

Total Estimate:

Contact Person's Signature: _____
Signature indicates formal agreement to all above terms.

Printed Name: _____ Date: _____

Please make sure that the Request Form is filled out, **in its entirety**, before submittal. Incomplete Forms will not be processed and will result in not having programming for your group on the requested date.

Billing Information

(Please keep for your own information.)

- At least two weeks prior to your program you **must declare** the number of participants who will be in attendance. This declaration of attendance is necessary to schedule staff and program the day's events.
- Fees are **due the day of the program** unless the program coordinator has made other arrangements with your group. Fees are based on actual attendance or 90% of the declared attendance, whichever amount is larger. [Example: You declare 30 students will attend & only 17 arrive; you will be billed for \$405.00 (30 students @ \$15.00/student = \$450.00; 90% of \$450 = \$405)]. **Unless you cancel in writing (via email or fax) at least 2 weeks in advance, you will be billed for the above-mentioned fees!**
- The program fees listed inside are subject to state sales tax. If your agency is tax exempt, **we must have** your tax-exempt number in writing before the date of your program. If you are a state agency and are completing a *Form 9*, please provide us with the completion of that paperwork so we may properly credit your account.