

Wilderness Group Analysis Sheet



Church Name _____

Group Leader Name _____

With the information you provide on this form, we will match your group to the most appropriate site, schedule and staff. **Fill it out and mail or fax it to us as soon as possible, for sure by May 1st. We will not begin to plan the specifics of your trip until this form is returned.** Please do not leave any sections blank. It is critical as we plan your experience. If you have questions, please contact us at 800-884-8483, and we can discuss any concerns you may have.

Briefly describe your group's specific goals and objectives for attending AdventureServe.

Choice of Leadership:

AdventureServe Staff are trained and ready to begin leading all aspects of your mission experience. However, group leaders have a number of options allowing them to retain ownership of certain activities during the experience. The next few questions will help us to understand YOUR desired ownership of selected activities. Please circle your appropriate choice for each option. You will discuss the following options with the Trip Director prior to your trip, so please write any questions or comments below. (GL signifies group leader). Note: we recommend "AdventureServe led" and "Option A."

Seed Thought Devotional Time	<i>AdventureServe Led</i>	<i>GL Led / AdventureServe Material</i>	<i>GL Led / Own Material</i>
Evening Debriefing	<i>AdventureServe Led</i>	<i>AdventureServe / GL Partnership</i>	<i>GL Led</i>
Worship	<i>Group Led (Option A)</i>	<i>GL Led (Option B)</i>	<i>Group Led with Pre-planned Material (Option C)</i>

Comments:

Do you want to use: (Tents not an option for backcountry/backpacking trips)

Tarps Only

Tents Only

Tents and Tarps

Indoor Lodging Groups Only: Check here if you prefer to pay a \$200 cleaning fee rather than completing the cleaning checklist for ASM buildings with your group.

Activities: check the Box (See Packet Two for description of activities)

My group will do the trip with the following **options**: (Recommended Basecamp: 1 day rock climbing &/or rappelling, overnight hike, and 2 other options. Backcountry: call and discuss your adventure options with the Program Director).

<input type="checkbox"/>	Caving	<input type="checkbox"/>	Team Building Initiatives
<input type="checkbox"/>	Canoeing	<input type="checkbox"/>	White Water Rafting*
<input type="checkbox"/>	Rock Climbing &/or Rappelling	<input type="checkbox"/>	Ropes Course- Low /High Ropes*
<input type="checkbox"/>	Overnight Hike (takes two days)		

* Additional Charges per person: White Water Rafting. Ropes Course.

Group Information:

Which best describes your desired level of difficulty for your group?

Take it easy Challenge us a little Run us tired Extreme

Please describe your group's prior wilderness experience.

Please describe your group's: 1) age & maturity level, 2) spiritual maturity, 3) ability to work together as a team

1.

2.

3.

Adult & Chaperone Information:

Please describe the adult leaders: 1) experience in working with the group, 2) Attitude towards and ability to adapt to living/sleeping in the wilderness all week.

1.

2.

What difficulties do you foresee for your group during this experience? (physical, spiritual, emotional, relational)

Please list any food restrictions or dietary needs in your group like vegetarians, peanut allergies, or gluten free needs. List the name and dietary need, using more space if needed. We will ask for more details and may want to get in touch with each person/family because every case is unique. Providing a list here will help start the process to be sure needs are met.

Additional comments about your group: