

Mystery Trip 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:

Check the Box Below:

Which best describes how much information you would like to know about your itinerary prior to your trip?

- Tell me all the details
 Give me a general outline
 Keep it a mystery to me

Which best describes your group’s experience with contemplative worship?

- They do it often
 They had done it before
 It’s new to them

If your group has participated in contemplative worship, what are some of the exercises that they have done?

Is your group financially able to donate toward a ministry you would work with? Yes NO

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.

Group Leader Preferences:

If you were planning an ideal Mystery Trip for your group, please explain how much emphasis and/or time you would like to see placed on 1) spiritual disciplines & contemplative worship, 2) service projects (please specify relation or physical service), 3) mystery, team building, & wilderness activities.

1.

2.

3.

Service Project Preferences:

Please check the boxes for the types of service you would like on your trip. Limit to 3

Food Bank Homeless Children/Youth Disabilities
 Elderly Thrift store Environmental Other: _____

Group Information:

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) ability to adapt to living/sleeping in a campground 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: