

Course Information Form

Date: \_\_\_\_\_

Organization Participating: \_\_\_\_\_

Number of Participants: \_\_\_\_\_  
(attach participants Medical Information/Hold Harmless; Agreements to this sheet)

Director: \_\_\_\_\_

Instructors: \_\_\_\_\_

Potential instructors from group of participants: \_\_\_\_\_

Equipment Information

Rope Used	# of Participants	# of Falls	# Belayed Down

Hazards on the Challenge Course that need attention: \_\_\_\_\_

Equipment that should be retired or replaced: \_\_\_\_\_  
(tum. in equipment with this report)

Other Information: