



APPLICATION FOR THE USE OF BEDFORD CHALLENGE COURSE

(Submit the completed form at least thirty days prior to the event)

Name of Organization (Please print) _____

Contact Person: _____ E-Mail Address: _____

Address: _____

Telephone Number: (Day) _____ (Cell) _____

Requested Date of Challenge Course Use: _____

Please Check One: _____ 1/2 Day _____ Full Day Time of Use _____

Goals for Activity _____

Number of Persons Expected to Participate (Please describe group i.e. experience, background, etc.)

I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS

Applicant's Signature _____

FOR DISTRICT USE

_____ Certificate of Insurance has been provided.

_____ Goals of activity approved.

Business Official/Director of Facilities

Date