



WHISPERING WINDS
CATHOLIC CONFERENCE CENTER

Fax to:
(619) 464-4491
Whispering Winds Office
Challenge Course Reservations

Challenge Course Reservation Request Form

Group Name: _____ Phone (office): _____

Email: _____ Phone (cell): _____

Contact Name(s): _____ Fax: _____

Mailing Address: _____

Requested Date(s) for Use: _____ Times: start time _____ to end time _____

\$25/person Half Day (3 Hour Session) x _____ people = \$ _____
(please select LOW Elements OR Wall/Zip Lines for a three hour program)

\$50/person Full Day (6 Hour Session) x _____ people = \$ _____
(option to select LOW elements AND Wall/Zip Lines for six hour program)

The above named group requests Whispering Winds Certified Course Facilitators for the following

- Climbing Wall (great for 'free-time' or individual/personal challenges)
- Zip Lines (great for 'free-time' or individual/personal challenges)
- AND / OR
- Low Element program (specially designed program using group goals, more group oriented)

Group Intent/Goals (What do you want your group to get out of your Challenge Course experience?):

Group Age Range: _____ to _____

Personal/Group Access Areas (Are there any physical limitations of which we should be aware?):

Please return this form at least 30 days prior to your reserved date(s). You will be contacted by a staff once we can confirm your request. A staff will also need to talk with a representative from your group prior to outing to plan groups customized programs. Please refer to our webpage for more information prior to planning call, this will help you familiarize yourself with the course. www.whisperingwinds.org

Office Use Only

Approved: _____
Challenge Course Director Date

Reservation manager Date

Confirmation of group payment/deposit: (from office) _____ Date

Confirmation Call:

Staffing:

Final Count/Summary provided to office: _____