



GROUP PROFILE

We are looking forward to having your group participate in the RSU Hilltop Challenge. In order to plan the best experience for you, please complete this form and return as soon as possible. Thank you.

1. Group name:
2. Contact Person:
3. Phone number(s):
4. Email address:
5. Number of participants:
6. What times do you need to start and end your sessions? (9:00 a.m. – 4 p.m. is typical but times vary with group needs and sizes)
7. Do you have any physically challenged individuals who will need assistance? _____ If so, please describe:

8. Are there certain areas that you would specifically like to target? i.e. Team Work, Building Trust, Communication, etc.

Reminder: Please bring completed waiver forms with you. Any minors without a parent's signature on the form will not be able to participate. All forms are available to download from the RSU Hilltop Challenge web page. www.rsu.edu/hilltopchallenge