



**Program Date:** \_\_\_\_\_

**Group Name:** \_\_\_\_\_

**Group Leader:** \_\_\_\_\_

The more we know about your group, the more effective your program at Frost Valley YMCA will be.

**Background:**

Please tell us about your group: \_\_\_\_\_

What ages are the participants? \_\_\_\_\_

What is the purpose of the retreat? \_\_\_\_\_

Describe the ideal retreat for your family or group.

Are there any subgroups/cliques within this group?

Are there members with physical limitations? Will they be accompanied by support individuals/team?

Are there any behavioral or emotional issues that we should know about? If so, are there any particular methods or norms by which they are addressed? Will they be accompanied by support individuals/team?



**Prior Experience :**

Have you been to a Camp/Conference Center before? \_\_\_\_\_

If so, where? \_\_\_\_\_

Do you have any specific concerns about coming to Frost Valley?

Do you have any special requests?



Frost Valley YMCA

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