

# CLIMBucknell Application Form

Outdoor Education & Leadership \* CAP Center \* 47 Elaine Langone Center \* Bucknell University \* 570-577-3080 \* psg008@bucknell.edu

Organization: \_\_\_\_\_ Acct. # \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Desired Date(s) and time(s): \_\_\_\_\_  
(For example, 8 am – Noon or 12:30 - 4:30 pm)

Contact person in the event of inclement weather. Name: \_\_\_\_\_

Best way to contact: \_\_\_\_\_

Participants: (8 person minimum) # of Students: \_\_\_\_\_ # of Staff \_\_\_\_\_ Guaranteed number needed 2 weeks prior to scheduled event.

1. Please provide an alphabetized list of all participants when submitting the application.

2. Each participant must complete a medical form and a risk form (please make sure all the information is complete on these forms or they cannot be accepted). It is the responsibility of the contact person to turn in these required forms to the Office of Outdoor Education & Leadership 1 week prior to the scheduled event or the workshop may be cancelled.

Desired Activities (please select all that apply):

Low Elements

High Elements

Climbing Tower

Zip Line

Team Building Games & Initiatives at location other than the CLIMBucknell course at Cowan (ie. On campus)

**We can come to you!** Requested location: \_\_\_\_\_

Additional options:  Brown Conference Center Lodge (Request a separate application from the Events Management Office.)

Group Objectives:  Team Building  Problem Solving  Communication  Self-confidence  Boundaries

Leadership/Followership  Risk Taking  Trust  Recreation  Teaching/Education Skills  Other

Other (Please specify below) List any information that might assist the CLIMBucknell staff in designing the best possible program for your group. Also please list any special accommodations needed for your group.

General Fitness Level of Group:

LOW

MODERATE

HIGH

Desired Activity Level:

LOW

MODERATE

HIGH

How well does group know  
each other on scale of 1-5

(5 highest)

1 2 3 4 5

Signature on this document will confirm that I have read and will comply with the rules and regulations on the back of this form. My signature also confirms that I agree not to hold Bucknell University or any of its employees, staff or agents responsible for injury or accident incurred while using this facility.

Signature \_\_\_\_\_