

Today's Date: _____

GROUP INFORMATION:

Group Name: _____

Primary Contact Name: _____

Title: _____

Email: _____

Phone: _____

BILLING INFORMATION:

Name of Parent Organization (*billing party*): _____

Primary Contact For Billing: _____

Title: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Please select the type of group or organization:

Corporate Government Military/Veteran Nonprofit School Other: _____

General Information:

Group Ability/Disability: _____ Number of participants: _____ Number of Staff: _____

Age Range: _____ Special Needs/Concerns: _____ Assistive Devices: _____

Program Selection:

Date:	Time:	Activity:	Location:

Please list the goals of your group: _____

National Ability Center Activities:

- | | | |
|--|---|--|
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Equine Assisted Learning | <input type="checkbox"/> Goal Ball |
| <input type="checkbox"/> Mountain Biking | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Hiking |
| <input type="checkbox"/> Fat Tire Biking | <input type="checkbox"/> Trail Riding | <input type="checkbox"/> Skiing/Snowboarding |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Waterskiing/Wakeboarding | <input type="checkbox"/> Nordic Skiing/Snowshoeing |
| <input type="checkbox"/> Biathlon | <input type="checkbox"/> Tubing | <input type="checkbox"/> White Water Rafting |
| <input type="checkbox"/> Low Ropes/Team Building | <input type="checkbox"/> Canoeing/Kayaking | <input type="checkbox"/> Overnight Trips |
| <input type="checkbox"/> High Ropes Course | <input type="checkbox"/> Stand-up Paddle boarding | <input type="checkbox"/> Meeting Space Rental |
| <input type="checkbox"/> Outdoor Rock Climbing | <input type="checkbox"/> Aquatics | <input type="checkbox"/> Trainings |
| <input type="checkbox"/> Indoor Rock Climbing | <input type="checkbox"/> Sled Hockey | <input type="checkbox"/> Volunteer Opportunity |

Thank you for your request.