

### C.O.P.E. Program Survey

#### Course Type

Group: \_\_\_\_\_ Course Dates: 1. \_\_\_\_\_ Low High  
 2. \_\_\_\_\_ Low High  
 3. \_\_\_\_\_ Low High

Indicate the time you would like the program to start. \_\_\_\_\_

Indicate the time you would like the program to end. \_\_\_\_\_

Name and telephone number of the group contact person. This form is to be completed and returned, completed and with full fees, within 10 days of scheduling the course.

**Participants must be: 13 years old or older, dressed as requested and must have a Health Understanding form properly signed in order to participate.**

Fee per Participant \$ \_\_\_\_\_ X number of participants \_\_\_\_\_ = \$ \_\_\_\_\_  
 Fee for meals per participant \$ \_\_\_\_\_ X number of participants \_\_\_\_\_ = \$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

**(Make checks payable to Erie Shores Council, BSA.) Fees returned only in the case of verifiable illness or injury less 15% administrative fee. All requests must be made in writing within 10 days of course date.**

Our group(s) would like to work on the following C.O.P.E Objectives: Rate 1 to 7, with 1 being the highest priority.

- |                              |                     |
|------------------------------|---------------------|
| _____ Leadership Development | _____ Communication |
| _____ Trust                  | _____ Teamwork      |
| _____ Problem Solving        | _____ Self Esteem   |
| _____ Decision Making        |                     |

We would like to have the Trading Post open at some time during our visit. Yes \_\_\_\_ No \_\_\_\_

Signature of contact person: \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Return: Program Survey, Hold Harmless Agreement and payment within 10 days of scheduling. The Health/Information form for each participant must be returned no less than 10 days before course date.

Return forms to: Miakonda Operations  
5600 W. Sylvania Avenue  
Toledo, Ohio 43623.

Indicate method of payment:  
 Check \_\_\_\_\_  
 Purchase Order \_\_\_\_\_  
 Master Card or VISA Exp. Date: \_\_\_\_\_  
 Account # \_\_\_\_\_  
 Account Name: \_\_\_\_\_