COPE & Leadership Challenge Program Survey

Course Type

Group: _____ Course Dates: 1. _____ Low High
2. _____ Low High
3. _____ Low High

Group contact person to complete the following and return it, 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.

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

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

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: