Mason Center for Team & Organizational Learning
THE EDGE
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GROUP INFORMATION SHEET

SCHOOL/GROUP NAME: _____ **PROGRAM DATE:** ___/___/___

CONTACT NAME: _____ **CELL/HOME PHONE #:**_____ **GRADE/AGE RANGE:** _____

NUMBER OF PARTICIPANTS IN YOUR GROUP: _____ (MALES) + _____ (FEMALES) = _____ (TOTAL)

IF WE ARE PROVIDING MEALS: _____ (YOUTH) + _____ (ADULTS) = _____ (TOTAL) **# OF VEGETARIANS MEALS:** _____

TRANSPORTATION TYPE AND # OF VEHICLES: _____ **I.E. CAR** _____**VAN** _____**BUS** _____

VEHICLES MUST PARK IN THE FREEDOM CENTER PARKING LOT. PARKING IS FREE

*This **REQUIRED** form confirms the number of participants attending your program. **IT IS DUE 6 WEEKS PRIOR TO YOUR PROGRAM DATE! A REDUCTION IN NUMBER AFTER THIS TIME WILL NOT RESULT IN A REDUCED COST of the program.** Contact the Sales Account Manager at 703-993-4313 should you need to discuss this issue. Please use it to create a snapshot of your school/group so that we may provide the best program to fit the needs of your team.*

ALL PROGRAMS FOCUS ON:

- ✓ Problem Solving in a group setting
- ✓ Cooperation in achieving a common goal
- ✓ Active Listening & Effective Communication

WHAT IS THE NATURE OF THIS GROUP?

☐ Traditional Classroom ☐ Religious
☐ Alternative/Center School ☐ Sports Team
☐ School Club ☐ Community Group
☐ Other:

IN ADDITION, YOU MAY CHOOSE TO EMPHASIS ONE OF THE FOLLOWING:

☐ Showing Respect ☐ Trust/Confidence ☐ Making Choices
☐ Dealing with Frustration ☐ Understanding Different Perspectives

DESCRIBE THE DAY TO DAY INTERACTIONS OF THE GROUP (GROUP CLIMATE, DO THEY KNOW EACH OTHER, ETC)?

_____

_____

WHAT IS THE BIGGEST CHALLENGE THE GROUP FACES?

_____

_____

OUR TEAM WOULD LIKE TO LEAVE WITH:

_____

_____

HOW DO YOU PLAN ON USING YOUR EXPERIENCES BACK IN THE CLASSROOM/ORGANIZATION?

_____

_____

PLEASE PROVIDE THE # OF PARTICIPANTS WITH SPECIAL NEEDS TO HELP US ENHANCE OPPORTUNITIES FOR ALL TEAM MEMBERS:

☐ **WHEELCHAIR** #___ ☐ **ADD** #___ ☐ **NON-ENGLISH/ESL** #___
☐ **CEREBRAL PALSY** #___ ☐ **ADHD** #___ ☐ **SPRAINS/BREAKS** #___
DEGREE OF MOBILITY: _____ **NOTABLE BEHAVIOR ISSUES:** _____**OTHER:** _____

GEORGE MASON UNIVERSITY

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