



Discovery Session - Inquiry Form

Name:

Email:

Phone:

Time:

Requested Program Date:

Number of Participants:

Any other group information:

Has this group/organization previously participated in Drexel Recreational Athletics Teambuilding?

YES:

NO:

If YES, when and what group?

What are some GOALS for YOUR GROUP/ what SKILLS would like to focus on:

What is the makeup of the group? (New members coming together, existing group, etc.)

Is there any specific information that the facilitator should know about your group?
(Accommodations, disabilities, etc.)