



ARI @ GPA Challenge Course
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CHALLENGE COURSE: Reservation Form

Name of Group _____

Contact Person _____

Address _____

Phone _____ Cell Phone _____

Fax _____ E-mail _____

Number of Participants:

Students _____ Adults _____

Date(s) of Use:

1st Choice _____ 2nd Choice _____

Arrival Time _____ Departure Time _____

Group Goal(s):

Indicate what you expect to accomplish with your group through a Challenge Course experience. (Goals are often both short and long term and frequently include both individual and group objectives.)

Date of Contact _____