

TRINITY CHALLENGE

EXPERIENTIAL GOALS
& OBJECTIVES



GROUP NAME: _____

CONTACT PERSON: _____ PHONE: _____

EMAIL: _____

EVENT DATE: _____ EVENT TIME (START/END): _____

EVENT LOCATION: _____

NUMBER OF PARTICIPANTS: _____ AGE RANGE OF PARTICIPANTS: _____

OBJECTIVES: Which elements would you like to focus on during your event?

Ice Breakers

Problem Solving Skills

Exploring Diversity

Confidence

Decision Making

Creativity

Respect

Conflict Resolution

Achieving Group

Cooperation

Motivation

Consensus

Effective Communication

Trust Building

Teamwork

Others: _____

ADDITIONAL INFORMATION YOU WOULD LIKE TO SHARE TO HELP OUR
FACILITATORS TO OFFER THE MOST EFFECTIVE EVENT FOR YOUR TEAM:

GROUP REPRESENTATIVE SIGNATURE: _____