

FUSED INFORMATION SHEET



Organization Name: _____

Contact Person: _____

Phone: _____ Fax: _____

Email: _____

Requested Date(s) of Session: _____

Requested Start Time of Session: _____

Requested End Time of Session: _____

Preferred Location: _____

If location is not in the HPER facility, please briefly describe location:

Length of Session: ___ Quarter Day (2 hours) ___ Half Day (4 hours)
 ___ Full Day (8 hours) ___ Weekend (2-3 days)

Number of Participants: _____ Age Range of Participants: _____

How well do the group members know each other?

What are your intended goal(s) for the session?

Indicate Form of Payment (credit, cash, check, or cost center number):

Please submit completed form Jennifer Hazelrigs via e-mail jtracy@uark.edu or fax 479.575.7008. Once form is received, facilitator will be contacting the group leader to set up a free one hour consultation to build the appropriate teambuilding session for your group. If you have any questions, please do not hesitate to call Jennifer Hazelrigs at 479.575.6834 or e-mail.