

TRIP QUESTIONNAIRE

YOUNG LIFE BEYOND MALIBU

Send this questionnaire, so it is received in Seattle **BY JUNE 1st** to:

E-mail: beyondmalibu@beyondmalibu.younglife.org

Fax: 206-525-1207

Mail: Beyond Malibu, P.O. Box 15662, Seattle, WA 98115

Please send one questionnaire for each ten-person trip. We realize that this information is subject to change and have allowed for those changes with the important 10-day call-in requirement.

Please enter your answers in the gray fill in boxes.

Name of trip leader _____ Phone _____ Date _____
 Area/Group _____ Area # _____ Trip Dates _____

Please check the statement(s), which are appropriate and fill in any requested information.

1. Type of Trip: Hiking Sea Kayaking

2. So far I have ____ total registered (include leaders):

Campers	Male _____	Female _____
Leaders	Male _____	Female _____
Total	Male _____	Female _____

<input type="checkbox"/> My trip is full (or I am POSITIVE that it will be full).	<input type="checkbox"/> My trip is not full.
Number of those expected to yet register: _____	I would welcome _____ additional campers. Please state any preferences on type of added campers:

3. My trip will be (check as many as appropriate):

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> All male | <input type="checkbox"/> All female | <input type="checkbox"/> Co-ed |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Non-Christian | <input type="checkbox"/> Christian / Non-Christian Mixed |
| <input type="checkbox"/> High School | <input type="checkbox"/> College age | <input type="checkbox"/> Adult <input type="checkbox"/> Mixed ages |
| <input type="checkbox"/> Other | | |

4. I need the following forms and information (* Starred items are available for copying in the Young Life Camp Procedures Manual. Each of these documents is also available at our website beyondmalibu.younglife.org under "Registration Materials".)

- | | |
|---|---|
| <input type="checkbox"/> Beyond Malibu Participant Registration Form (not on website) | <input type="checkbox"/> Reservation Policy & Procedures * |
| <input type="checkbox"/> Clothing and Equipment List | <input type="checkbox"/> Transportation Information/Costs |
| <input type="checkbox"/> Medical, Consent and Release Form (YL groups only) | <input type="checkbox"/> Consent for Medical Treatment in Canada form |
| <input type="checkbox"/> Non-Young Life Group Medical Form (2 Pages) | <input type="checkbox"/> Travel Times and Directions |
| <input type="checkbox"/> Trip Preparation Information | <input type="checkbox"/> Accommodations |
| <input type="checkbox"/> Sample Parent Letter | <input type="checkbox"/> A Form |
| <input type="checkbox"/> Trip Leadership and Content for Trip Leaders | <input type="checkbox"/> Other _____ |

Please read the TRIP LEADERSHIP AND CONTENT IDEAS FOR TRIP LEADERS, and complete the following. By providing us with an accurate overview of your group, the content and logistics for your trip can be tailor-made to your group's needs.

