



Appendix E. Client Focus Sheet Page 1

**Group Name:** \_\_\_\_\_

**Organizer:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

\_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email 1:** \_\_\_\_\_

**Email 2:** \_\_\_\_\_

**Emergency Contact-** (For use during your stay at YLCC- ie: Principal)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Program Information**

- One Night, Two Day Program-\$69.95  Deluxe Day Program-\$21.95
- Two Night, Three Day Program-\$105.95  Extended Day Program-\$29.95
- Three Night, Four Day Program-\$134.95  Basic Facility Rental- \$1200.00
- Four Night, Five Day Program-\$169.99

**Overnights Only:** Will YLCC be providing lunch for your group on the first day?

- Yes we would like lunch the first day, please add \$4.00 per person to our invoice.
- No, we will be bringing our own bagged lunches on arrival day.

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Arrival Date \_\_\_\_\_ Time: \_\_\_\_\_:

Departure Date \_\_\_\_\_ Time: \_\_\_\_\_:



**Participant Information**

Who are the participants in the group?

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Age range of participants: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Number of People Attending: \_\_\_\_\_

# of Students: Males \_\_\_\_\_ Females \_\_\_\_\_

# of Supervisors: Males \_\_\_\_\_ Females \_\_\_\_\_

At the end of your retreat, what would you like to hear your group saying about their experience? \_\_\_\_\_

Yes we have Dietary Concerns and have attached our dietary list

We have some individuals with special needs and have included details letter.

Please indicate below what you leadership areas you would most like YLCC to focus on.

- Team Work
- Goal Setting
- Time Management
- Trust
- Leadership Styles
- Behavior
- Life Style Choices
- Speaking / Listening Skills
- School Spirit
- Communication
- Group Dynamics
- Event Planning
- Balance
- Peer Pressure / Bullying

*Notes:*