



Mendocino Adventure Ropes Course

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Course Request

Today's date: _____ Course Date requested: _____

Group: _____

(school groups include grade level) _____

Address: _____

Contact person: _____

Phone~ home: _____ work: _____

Email: _____ Will contact be participating? Y/N _____

Top Three Choices for Date of Course:

1) _____ 2) _____ 3) _____

Preferred day of week and begin/end times: _____

Acceptable/possible day/times: _____

Participants: _____ (school groups include participating adults) _____

Background/purpose of course, other relevant information/comments: _____

Thank you,
MARC

"A mind that is stretched by a new experience can never go back to its old dimensions."
~ Oliver Wendell Holmes