

To provide a learning experience in adventure based programming that leads to "holistic change" in intrapersonal and interpersonal dynamics.
NNU Challenge Course

CHALLENGE COURSE PROGRAM CONTRACT
Northwest Nazarene University

Initial Contract Date: _____ **Group:** _____

Contact Person: _____

Mailing Address: _____

(City) _____ (Zip) _____ (e-mail) _____

Business Phone: () _____ **Fax** () _____ **Other** () _____

Course Dates: _____

Times: _____ **How Many?** _____

Program Description & Goals: _____

Special Needs: _____

Contractor Provides: Food _____ Transportation _____

N.N.U. Provides: Food _____ Transportation _____

Logistic Needs: _____

Other Notes: _____

How Did You Hear About NNU Challenge Course? _____

Northwest Nazarene University Challenge Course
623 Holly Street , Nampa, Idaho 83686-5897
Tel. 208.467-8824 or 800.349-6938 (Fax) 208.467.8396
rgking@nnu.edu

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Quoted Price: \$ _____ per person \$ _____ per user group \$ _____
(Based on group type, size and event duration as listed in the attached price list)

***Method of Payment:**

NNU Budget # for Funds Transfer Form: _____

Bill to: _____

Check Enclosed (Payable to NNU Challenge Course) Money Order

Visa Master Card American Express Other: _____

Credit Card # _____ (Expire Date) _____

Signature _____

* For questions on payment options please contact Stacey Swanson at 467-8877

Deposit Amount: _____ **Date Received:** _____

Total Group Cost: \$ _____

Contractor's Signature of Agreement: _____ **Date:** _____

Staff Signature of Contract Agreement: _____ **Date:** _____

Please sign a copy of the agreement and return by fax, (208- 467-8396), or mail to Northwest Nazarene University, Attn: Stacey Swanson, Athletic Department, 623 Holly, Nampa, ID 83686

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