

Please submit to:
Outdoor Adventures Center
336 Hill St.
Ann Arbor, MI 48104-3219
Fax: 734.764.2530
Email: jstawski@umich.edu

GO! Outdoor Adventures Request Form

Please print

Submittal Date: _____ Group Contact Name: _____

Phone: _____ Fax: _____

Department/Organization/Group: _____

Email: _____

Address: _____
Street City State Zip

Trip Information:

Date(s): _____

Group Size: _____

Group Min: _____ Max: _____

Circle One: Clinic Day Weekend

Activity Type:

hike bike raft

ice climb ice block luge

Program Options:

Include all meals? Yes No

Include transportation? Yes No

Include personal gear? Yes No

Lodging request: camp hotel

climb dogsled canoe

other: _____

OFFICE USE ONLY

Date estimate sent: _____

Number of staff needed: _____

Staff Notified: _____