



Pre-Trip Questionnaire

TRIP INFORMATION

Group: _____ Contact Person: _____ Dates of Trip: _____
 Type of Trip: _____ Adults: M___ F___ Youth: M___ F___ Age: Jr. High / Sr. High
 Phone: _____ Fax: _____ E-mail: _____

GROUP SNAPSHOT

How long has the group known each other?	
How often do they get together? For what?	
What issues are being discussed and/or creating divisions within the group, i.e. cliques?	
Are there any dietary needs?	Are you aware of anyone with physical limitations?

MARKETING

LOGISTICS

How did you hear about YD Adventures?	Do you foresee any conflicts with arrival and departure times?
What % of group has gone on a trip with us before?	How many adults will be involved during the trip?

GOALS/EXPECTATIONS

What is your foremost goal or expectation?
What other outcomes would you like to see come from your time with us?
Why did you pick this activity?

MINISTRY

Describe the group's receptiveness to the Gospel:			
Place % of students within a specific focus group	Outreach:	spiritual growth:	Leadership:
Describe the depth of discussions that the group currently has:			

Please e-mail or mail to specific YD Adventures base
 Idaho – pspence@yd.org / Oregon – dhanthorn@yd.org / Washington – rdatre@yd.org