

# DELTA Facilitator Training Registration

DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_

EMAIL: \_\_\_\_\_

**TRAINING TYPE:**

\_\_\_\_\_ Teambuilding/Imitative      \_\_\_\_\_ Low Ropes Course      \_\_\_\_\_ High Ropes

\_\_\_\_\_ Cabre High Course      \_\_\_\_\_ A.L. Mickelson Field Station High Course

**CPR TRAINING** \_\_\_\_\_      **FIRST AID TRAINING** \_\_\_\_\_

Do you intend to work more DELTA programs then just your organization? \_\_\_\_\_ (yes) \_\_\_\_\_ (no)

If "Yes", what is your availability: (circle all that apply)

Weekends      Weekdays      Evening Only      Anytime

1-3 programs per year      4-6 programs per year      6-10 programs per year

>10 programs per year

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**ACKNOWLEDGEMENT OF TRAINING:**

By signing below, I agree to follow all DELTA/Northwest College guidelines for facilitating on DELTA/Northwest College challenge courses. I also agree that I will **NOT** facilitate on DELTA/Northwest College challenge courses if I have not completed a DELTA/Northwest College facilitator training within the last 12 months and/or do not hold a current certification in CPR and Standard First Aid.

I acknowledge that by completing this DELTA/Northwest College Training, I am not guaranteed certification to facilitate on DELTA/Northwest College Challenges Courses unless I pass the training and complete all requirements outlined in the DELTA Policy Manual for the DELTA/Northwest College Challenge Courses. I also acknowledge that I may not have the opportunity to facilitate as many courses as I have indicated above due to availability of DELTA programs throughout the year.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DELTA Director Signature

\_\_\_\_\_  
DATE