

Return to WSU Cooperative Extension Office
1000 N. Forest Street, Suite 201, Bellingham at time of returning Portable Challenge equipment.

BELLINGHAM 4-H PORTABLE CHALLENGE USE FORM

Trainer Name(s):

Date:

Group Name: _____ County:

Adults: _____
(Do not include Trainers)

Youth:

SEQUENCE: Please list the sequence used with the group or attach a copy of the sequence.

(OVER)

Maintenance needs observed:

What near miss(es) did you have today? What event(s) did they occur on?

Accident? Yes/No If yes, fill out an Incident Report Form.

Ideas to share: