



Retreat Planning Checklist and Request Form

Name of Organization:

Requested By:

Date:

Position:

Date for the Retreat:

Length of Retreat - Half Day, One Day, Two Day etc. :

Location (*Possible venues or selected location*):

Number of Participants:

Positions within organization (executives, management team, department team, new leaders, entire organization)

Description (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Intact Team | <input type="checkbox"/> Team/Organization with new leadership |
| <input type="checkbox"/> Newly Forming Team | <input type="checkbox"/> Multi-department representatives |
| <input type="checkbox"/> Team in Transition | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Virtual Team | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Geographically Dispersed Team | |

Purpose of Retreat (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Team Building | <input type="checkbox"/> Skill Development - in what areas? |
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Leadership Development |
| <input type="checkbox"/> Annual/Quarterly Planning | <input type="checkbox"/> Business Visioning |
| <input type="checkbox"/> Team Coaching | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Developing Business Outcomes | <input type="checkbox"/> Other: |

Objectives:

What are three to five specific objectives/outcomes of the program? Complete the following:

As a result of this program, participants will:

Topics you would like to be covered during program:

Budget for facilitation (with currency):

Total: \$
Per Person: \$

The organization retains the responsibility for:

- Booking and Paying for Venue
- Meals
- Transportation to and from venue (as needed)
- Accommodation arrangements

Please complete form and send by email to Jennifer Britton at info@potentialsrealized.com or call her at 416.996.8326