



Client Booking Information

Entity Name _____

Entity Contact (F, M, L) _____

Street _____

City/St/Zip _____

Email _____

Entity Home Phone _____ Entity Work Phone _____

Entity Type _____ Tax Exempt? _____

EVENT INFORMATION

Meeting/Event Name: _____

Coordinator Name: _____

Home Phone _____ Work Phone _____

Cell Phone _____ Fax _____

Meeting dates: _____ to _____

Minimum _____ Maximum _____ Expected _____

Meeting Type _____ Cost Level - _____

Lodging: _____

Adventure Programming – Yes No If yes – ½ day or full day?

Environmental Ed Classes? - YES NO

Food Needed: Yes No, If yes, please list meals you would like pricing for _____

Resources Needed: (AV equipment, meeting space etc) _____

Notes: _____

Person Booking: _____ Date: _____