

BELLEVUE CHALLENGE COURSE  
AT EASTGATE PARK



# GROUP BOOKING REQUEST FORM

Please provide the following information about your group and activity interests and submit the completed form to either SBCC or NW Teambuilding at the email addresses below. Thank you and we look forward to working with your group.

## Contact Information:

Group Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_ FAX: \_\_\_\_\_  
Email: \_\_\_\_\_

## Activity Information:

Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_  
Age of Group: \_\_\_\_\_ Type of Group: \_\_\_\_\_  
Number of Participants: Total \_\_\_\_\_ Adults \_\_\_\_\_ Youth \_\_\_\_\_

Check all the activities that apply:

- Vertical Play Pen     High Course     Low Course     Portable     Zip Tour



## For Office Use Only:

\_\_\_\_\_ initial contact    \_\_\_\_\_ staffing request    \_\_\_\_\_ staffing confirmed    \_\_\_\_\_ follow up contact  
\_\_\_\_\_ information sent    \_\_\_\_\_ deposit received    \_\_\_\_\_ part info sent    \_\_\_\_\_ invoice sent

## Staffing:

Lead: \_\_\_\_\_ Phone: \_\_\_\_\_ Tech: \_\_\_\_\_ Phone: \_\_\_\_\_  
Facilitator: \_\_\_\_\_ Phone: \_\_\_\_\_ Tech: \_\_\_\_\_ Phone: \_\_\_\_\_  
Facilitator: \_\_\_\_\_ Phone: \_\_\_\_\_ Tech: \_\_\_\_\_ Phone: \_\_\_\_\_