

On-Line Group Reservation

Group/Organization/School

Name _____

Date of visit _____

Is this your groups first time visiting with us? _____

Mailing Address

Street _____

City _____

Zip Code: _____

Day Phone # _____

Fax # _____

E-Mail Address _____

Estimated # of Attendees

Children=____ (13months-13 years)

Adults =____ (14 years and above)

Lunch Options

(Please check only one)

Bringing sack lunches (click here for instructions)

Purchasing meals through Adventure City

Undecided

An Adventure City group coordinator will contact you within 48 hours to confirm your reservation date and time.

