

ADVENTURE PURSUITS
BIRTHDAY PARTY BOOKING SHEET

Campus Recreation Services
Towson, MD 21252
Phone: 410-704-2367



Name of Birthday Child: _____ Phone: _____

Group Leader Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Type of Organization:

- School Group Business/Corporation For-Profit Agency
 Non-Profit Agency TU Affiliate Other (please specify) _____

Description of group: _____

Requested Date of Event: _____ Requested Time of Event: _____

Number of Participants: _____ Males: _____ Females: _____

Group Age Range: _____ to _____

Activities requested:

- Climbing Wall

Additional Items available: (Please indicate the number desired)

- Tables _____
 Chairs _____

Special Considerations: _____

Facilitators Assigned

Lead: _____ Phone: _____

Assistant: _____ Phone: _____

Assistant: _____ Phone: _____