



Ultimate Xpeerience 1 Event Booking Sheet

Group Name:	Event Date:
Contact Name:	Event Time:
Contact Number:	Number of Guests:
Contact E-mail:	Rain Date:

Please choose from the following options:

Level of Competition	<input type="checkbox"/> Competitive <input type="checkbox"/> Non-Competitive NOTE: The client must provide prizes if applicable
Team Allocation Made By	<input type="checkbox"/> Xpeerience Group <input type="checkbox"/> Client NOTE: The client is encouraged to create a theme and provide costumes/props for teams

Please choose 6 of the following activities:

Physical Activities	Intellect Activities
<input type="checkbox"/> Steal The Bandana + Knee Koo	<input type="checkbox"/> What Goes Where
<input type="checkbox"/> Water Tubes	<input type="checkbox"/> Turn Over a New Leaf
<input type="checkbox"/> 4 Way Tug of War	<input type="checkbox"/> Invisible Maze
<input type="checkbox"/> Joust	<input type="checkbox"/> Get Twenty
<input type="checkbox"/> Foosball	<input type="checkbox"/> Human Black Jack
<input type="checkbox"/> Soccer	<input type="checkbox"/> Lilly Pads
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Blind Line-Up
<input type="checkbox"/> Obstacle Course	<input type="checkbox"/> Mind Field <input type="checkbox"/> With mouse traps
<input type="checkbox"/> Rockwall	<input type="checkbox"/> Helium Pole
<input type="checkbox"/> Soccer Shoot Out	<input type="checkbox"/> Sticky Snake
<input type="checkbox"/> Team Strider	<input type="checkbox"/> Human Hoola Hoop
<input type="checkbox"/> Dodgeball	<input type="checkbox"/> Inside Out
<input type="checkbox"/> Water balloon Toss	<input type="checkbox"/> Portable Shuffle
<input type="checkbox"/> Relay Race	<input type="checkbox"/> Human Checkers

Special Requests:

** PLEASE MAKE SURE THAT ALTERNATE ACTIVITIES ARE CHOSEN INCASE OF RAIN**



Ultimate Xpeerience 1
ALTERNATE RAIN ACTIVITIES

Group Name:	Event Date:	Time:
Number of Guests:	Rain Date:	Time:

If you choose to proceed with your event date, the following activities will be played in the occurrence of rain.

Please choose 6 of the following alternate activities:

Physical Activities	Intellect Activities
<input type="checkbox"/> Steal The Bandana + Knee Koo	<input type="checkbox"/> What Goes Where
<input type="checkbox"/> 4 Way Tug of War	<input type="checkbox"/> Turn Over a New Leaf
<input type="checkbox"/> Soccer	<input type="checkbox"/> Invisible Maze
<input type="checkbox"/> Soccer Shoot Out	<input type="checkbox"/> Get Twenty
<input type="checkbox"/> Team Strider	<input type="checkbox"/> Human Black Jack
<input type="checkbox"/> Dodgeball	<input type="checkbox"/> Lilly Pads
<input type="checkbox"/> Relay Race	<input type="checkbox"/> Blind Line-Up
	<input type="checkbox"/> Mind Field <input type="checkbox"/> With mouse traps
	<input type="checkbox"/> Helium Pole
	<input type="checkbox"/> Sticky Snake
	<input type="checkbox"/> Human Hoola Hoop
	<input type="checkbox"/> Inside Out
	<input type="checkbox"/> Portable Shuffle
	<input type="checkbox"/> Human Checkers

Special Requests: