Xpeerience Tourney Event Booking Sheet

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

Please choose a tournament sport, and indicate with an A. If Tournament activity is an outdoor sport, please choose an indoor Rain Date activity, and indicate with a B.

Tournament Sport	☐ Beach Soccer	☐ Beach Volleyball	☐ Indoor Soccer
	☐ Ultimate Frisbee ☐Indoor ☐Beach	☐ Lacrosse ☐Indoor ☐Beach	☐ Field Hockey
	☐ Rugby ☐Indoor ☐Beach	☐ Dodge ball ☐Indoor ☐Beach	☐ Flag Football ☐Indoor ☐Beach

Please choose from the following options:

Level of Competition	☐ Competitive ☐ Non-Competitive NOTE: The client must provide prizes if applicable
Team Allocation Made By	☐ Xpeerience Group ☐ Client NOTE: The client is encouraged to provide costumes and props for your teams
Themed Event	☐ Olympics ☐ World Cup ☐ Client choice_____
Referee	☐ Included ☐ Not Included

Special Requests: