

Verdun Adventure Bound
Reservation Request

Name of Group: _____

Organization: _____

Contact Individual: _____ E Mail address: _____

Address: _____

Phone: () _____ - _____ **ESTIMATED FEE \$** _____
30% DEPOSIT REQUIRED AT TIME OF REQUEST, \$ _____ **included.**

VAB generated Invoice Number: _____

Anticipated Group (number in each category):

Adults (over 21yrs) _____ Youth (18-21) _____ Youth (15-18) _____

Youth (10-15) _____ Youth (5-10) _____ Youth (<5) _____

Composition:

Adults MALE FEMALE BOTH

Youth MALE FEMALE BOTH

Dates Requested:

1st _____ 2nd _____ 3rd _____

Arrival _____ @ _____ am/pm **Departure** _____ @ _____

Activity Area(s) requested:

Greenhouse

Gazebo and Dock Area

Pavilion

Pond (additional water safety plan required): Kayaks _____ Canoe _____

Wetland

Conference Center: Kitchen Porch

Meeting Room A Meeting Room B GREAT ROOM

Campsite only # _____

Multiple Campsites: _____

High Course Elements _____ (future) **Low Course Elements** _____ (future)

Hiking Trails: Improved Area Primitive Area Wilderness Area

Additional Activities to be conducted:

Training Team Building Fishing Meeting

Meeting and Meal OTHER: _____