

ESCAPE ROOM BOOKING FORM

Guest Information			
First Name	Last Name	Phone Number	Email Address

Booking Details		
Reservation Date	Time	Number of Participants
Escape Room Theme/Title		
Additional Requests/Comments		

Terms and Conditions

By submitting this form, you agree to abide by the rules and regulations of the escape room facility. You understand that any damage caused to the property or equipment due to negligence will result in additional charges. Cancellation or rescheduling requests must be made at least 24 hours before the booking time.

Signature:

Date: