



Coconut Cove Waterpark 2025 Camp Reservation Request

Phone: 561-629-8840

Fax: 561-242-6968

Info@coconutcove-waterpark.com



Please complete form legibly and submit to the email or fax above beginning March 3rd

Camp Name:			
Primary Contact (First and Last Name):			
Phone Number: ()		Fax Number: ()	
Street Address:		City, Zip Code:	
Email Address (Mandatory):			
Date Requested	# of Campers	# of Counselors	Would you like a Pool Time? (circle) <i>*Scheduling is limited and booked on a first come, first serve basis and is not guaranteed.</i>
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No
Please share anything you would like us to know about your group before your visit(s): _____			
<p>PAYMENTS: Processed on day of visit during check-in. We accept Cash, Business Checks or Visa/MasterCard/Discover/Amex. If Tax Exempt, name on payment <i>must</i> match name on Tax Exempt Form. Please make business checks payable to PBC BOCC or Palm Beach County Board of County Commissioners.</p> <p>★ 1 FREE counselor for every 10 campers</p> <p>★ All campers & additional staff entering the park \$10.00</p> <p>TAX EXEMPT (Select One): <input type="checkbox"/> YES <input type="checkbox"/> No</p> <p><i>If yes, a copy of the current Tax Exempt Certificate must be submitted with this reservation request form.</i></p> <p>Name on Tax Exempt Certificate: _____</p>			
<u>FOR OFFICIAL USE ONLY:</u>			
Database Updated on: _____		Confirmation Sent on: _____	
Confirmed by: _____			