



2022 Camp Reservation Request

Coconut Cove Waterpark

561-629-8853 phone

561-242-7047 fax

acaliendo@pbcgov.org

Please complete form legibly and submit to the email or fax above beginning March 1st

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)		Will your camp/campers be buying food from the concession stand? (circle)	
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	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):						

PAYMENT – Accepted on day of visit at check-in.						
★ 1 FREE counselor for every 10 campers						
★ All campers & additional staff entering the park \$9.50 + Tax (7%)						
TAX EXEMPT (select one): <input type="checkbox"/> YES <input type="checkbox"/> No						
If yes, a copy of the Tax Exempt Certificate must be submitted with this reservation request form.						
Name on Tax Exempt Certificate: _____						
<i>FOR OFFICIAL USE ONLY:</i>						
Payment Received on _____		Database Updated on _____		Confirmation Sent on _____		