



PINE CREST POOL RENTAL

POOL RENTAL APPLICATION FORM

Team Name: _____

Number of swimmers: _____ **Number of Coaches:** _____

Contact Information:

Name: _____ **Email:** _____

Cell: _____

Address:

Pool Rental Information:

Arrival Date: _____ **Departure Date:** _____

Hotel Rental Information: No _____ Yes _____; **Number of Rooms:** _____

Check In : _____ **Check Out:** _____

*** We ask for a \$1000.00 deposit to hold your reservation. This is non refundable but will be applied to your final bill.

Please Fill out this form and send in to Pine Crest Swimming.

You may email or fax this document. Fax: 954-492-4169

Email: Swimming@pinecrest.edu





PINE CREST SWIM CAMP

AUTHORIZATION FORM

Please Print:

How do you intend to pay.

WIRE: _____ **BANK NAME:** _____

CHECK: _____

CREDIT CARD: _____

CREDIT CARD INFO: Visa: _____ Master Card: _____ American Express: _____

Name on the Card: _____

Credit Card number: _____

Expiration Date: _____ **Billing Zip:** _____

Amount approved: _____

Signature: _____ **Date:** _____

Print Name: _____



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