



2025 Camp Reservation Request

Calypso Bay Waterpark

Lindsay Dalton

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Please complete form legibly and completely before submitting to the email

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? <small><i>*Scheduling is limited and done on a first come, first serve basis.</i></small>		Will your camp be buying camp lunches from the concession stand?	
	#	#	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	#	#	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	#	#	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	#	#	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	#	#	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	#	#	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	#	#	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	#	#	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	#	#	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 \$10.00 + Tax (7%)						
TAX EXEMPT (select one): <input type="checkbox"/> YES <input type="checkbox"/> NO						
If yes, a copy of the Tax Exempt Certificate <u>must be submitted</u> with this reservation request form.						
Name on Tax Exempt Certificate:						
<u>FOR OFFICIAL USE ONLY:</u>						
Payment Received on _____		Database Updated on _____		Confirmation Sent on _____		