



# BonaVista Fall Reservation Booking Form

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

## 1. Please book my fall closing the week of: (indicate 1st and 2nd choices)

|                      |                  |                  |
|----------------------|------------------|------------------|
| Sept. 7-10 _____     | Oct. 4-8 _____   | Nov. 1-5 _____   |
| Sept. 13-17 _____    | Oct. 12-15 _____ | Nov. 8-12 _____  |
| Sept. 20-24 _____    | Oct. 18-22 _____ | Nov. 15-19 _____ |
| Sept.27- Oct 1 _____ | Oct. 25-29 _____ | Other _____      |

## 2. Please book the following service(s) for my pool and/or spa .

|                           |                                 |
|---------------------------|---------------------------------|
| Deluxe Winterizing _____  | Spa Winterizing _____           |
| Economy Winterizing _____ | Negative Edge Winterizing _____ |

\* HST extra

Special Notes: \_\_\_\_\_

## 4. Payment (balances to be invoiced after services performed)

### PLEASE NOTE ACCOUNT BALANCE MUST BE PAID IN FULL PRIOR TO CONFIRMING YOUR CLOSING

- I enclose my **\$200 deposit** payable to BonaVista Pools to confirm my booking as above.
- I have registered BonaVista Pools as a Payee and paid my \$200 deposit online.
- I authorize Bonavista Pools to charge my credit card for my deposit of \$200 and the following (check all that apply):

Pool Closing \_\_\_\_\_ All future billing at time of invoice \_\_\_\_\_

Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Card #: \_\_\_\_\_

Name As it Appears on Card: \_\_\_\_\_ Expiry \_\_\_\_\_

Signature: \_\_\_\_\_