



SUMMERIZING AGREEMENT

Name: _____

Email Address: _____

Address: _____

Phone & Email Address _____

Caretaker contact or gate code _____

Credit Card for file required _____

An initial deposit will be taken to schedule your pool opening. The remaining balance will be due at the completion of the opening.

Check All That Apply:

- Attached Spa
- Detached spa
- Caretaker system
- Autofill
- Water feature (negative edge, waterfall, slide, laminars)



By checking here and submitting this form, you agree that you have read the opening form and description of services and agree to the terms. Please submit this request to Receptionist@NejamePools.com.