



## WINTERIZING 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 closing. The remaining balance will be due at the completion of the closing.

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 winterizing form and description of services and agree to the terms. Please submit this request to [Receptionist@NejamePools.com](mailto:Receptionist@NejamePools.com).