Group Swim Request Form

(Please note that group swims are held during Open Swim)

Name of School / Organization: _____

Contact person: _____

Complete address: _____

_____

Email address: _____

Fax Number: _____ Telephone Number: _____

Please indicate preferred dates and times for the Pool			
1st preferred date		Time	To
2nd preferred date		Time	To
3rd preferred date		Time	To

Age	# of people
TOTAL	

Check one:

- ◯ We will pay on arrival (Cash, Credit/Debit accepted)
- ◯ Please invoice us
- ◯ Yes, we would like use of the Water Slides during our swim

Please send completed form to booknow@canadagamescentre.ca or via fax to 902.490.2242.

Your booking is TENTATIVE until you receive confirmation via phone/fax/email. You will be provided with a rental contract that must be signed and faxed/emailed back.