



ABOVE-GROUND POOL DEALER WORKSHEET

CUSTOMER NAME: _____

ADDRESS: _____

DATE: _____

POOL NAME: _____ SIZE OF POOL: _____

LINER SIZE: _____ LINER PATTERN: _____

LINER TYPE: OVERLAP MULTI-BEAD

LINER GUARD:  YES NO

SKIMMER: _____ AQUADOR: _____ SKIMMER PLUG: _____

LADDER: _____ ENTRY SYSTEM W/GATE: _____

DECK: YES NO TYPE OF DECK: _____

FILTER SYSTEM: _____ SAND: _____ DE: _____ CARTRIDGE: _____

LIGHT: _____ "GOING GREEN" SYSTEM: _____

SOLAR BLANKET: _____ 3 yr 5yr

HEATER: _____ Nat LP

ACCESSORY OPTIONS

CHLORINATOR: YES NO

MAIN DRAIN: YES NO

MAINTENANCE KIT: YES NO

POOL ALARM: YES NO

POOL CLEANER: YES NO

POOL COVE: YES NO

SOLAR PANEL: YES NO

TELESCOPE POLE: YES NO

VACUUM HOSE: YES NO

WINTER COVER: YES NO

MODEL

SIZE

CHEMICALS:

OTHER ITEMS:

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