## Kings Creek South Condominium, Inc.

7735 S.W 86 Street Miami, Florida 33143 Office: 305.271.5454/55 Fax: 305.595.5144

CAMELOT ROOM DEPOSIT							
Reserved Date:		Deposit Date:					
Owner/Resident Name:		KCS Unit:					
		,					
	ITEM	RENTAL PRICE	DEPOSIT	CODE			
	CAMELOT ROOM FEE	\$500.00		350.60			
	CAMELOT ROOM REFUND WHEN COMPLETTE	REFUNDABLE	\$250.00	210.70			
PAYMENT PAYABLE TO: KINGS CREEK SOUTH CONDOMINIUM, INC.  MONEY ORDER OR CASHIERS CHECK MUST BE SUBMITTED  NO LATER THAN 5 DAYS BEFORE THE ACTUAL EVENT.  No Credit Cards, Personal Check or Cash Accepted  REFUNDS WILL TAKE (15) BUSINESS DAYS.							
Owner/Resident Name:PRINT NAME		3	SIGNATUF	E			
Order Proce	essed By:						

Deposit	Executive Bank
Unit	
Code	350.60 - \$500
Couc	210.70 - \$250
Total Amount \$	

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CAMELOT ROOM REFUND					
Refund Date:	_				
Name:					
		Unit:			
City:	State:	Zip:			
Keys Returned on:		Inspected Date:			
Inspected by:		Signature:			
Camelot Room Area	Common Areas				
Comments:					

Refund	Executive Bank
Unit	
Code	210.70
Total Amount \$	\$250.00