

# CAMPSITE RESERVATION



Park Name	<b>Kemoca Regional Park</b>			Date		Park Fax	<b>306-424-2065</b>			
Name				Address						
City/Town				Prov/S tate		Postal / Zip Code		Country		
Home Phone				Work Phone				Cell		
Email				Total # in Party		Adults		Children		
Are you with a Group?		Name?				Do you wish to be located nearby?				
Arrival Date	Month	Day	Year	Arrival Time		am pm	Departure Date	Month	Day	Year
	Period of Stay :                      Daily                      Weekly                      Monthly									

Please indicate the type site and service you require:

<p><b>Site:</b> Tent <input checked="" type="checkbox"/></p> <p>Van or Pick Up Camper _____</p> <p>Tent Trailer _____</p> <p>5<sup>th</sup> Wheel _____ Length _____ (up to 45')</p> <p>Motor Home _____ Length _____ (up to 45')</p>	<p><b>Services:</b> 50 Amp Elec/Water/Sewer <input checked="" type="checkbox"/></p> <p>30 Amp Elec/Water/Sewer _____</p> <p>Non Electric _____</p>
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Slide Out	Y	N	Awning	Y	N	Shade	Y	N
Sunny Site	Y	N	Near Playground	Y	N			
Near Washroom/Shower	Y	N	Ease of Access/Barrier Free	Y	N			

Please provide preferred campsite #, if provided on map, also indicate your 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> choice.

	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>

Payment Amount:  Payment Method:  Cash  Cheque

\_\_\_\_\_  
Signature of Applicant Date

PARK OFFICE USE ONLY					
Date Received:	Received By:	Deposit Paid:			
Other Amt Paid	Confirmation #:	Camp Site #			
Date	Sent By:	Sent Via:	Fax	Email	Mail
Confirmation Sent	(Circle One)				
Secure Site:	Yes	No			