

CAMPSITE RESERVATION



Park Name	KEMOCA REGIONAL PARK			Date		Park E-mail	kemocarp@sasktel.net				
Name				Address							
City/Town				Prov/State		Postal / Zip Code			Country		
Home Phone				Work Phone				Cell			
Email				Total # in Party		Adults		Children		Pets	
Are you with a Group?		Name?				Do you wish to be located nearby?					
Arrival Date	Month	Day	Year			Departure Date	Month	Day	Year		
Period of Stay:				Daily		Weekly		Monthly			

Please indicate the type site and service you require:

Site: Tent	_____	Services: 30 Amp Elec/Water/Sewer	_____
Van or Pick Up Camper	_____	50 Amp Elec/Water/Sewer	_____
Tent Trailer	_____	Non Electric	_____
5 th Wheel	_____ Length _____ (up to 45')		
Motor Home	_____ Length _____ (up to 45')		

Slide Out	Y	N	Awning	Y	N	Shade	Y	N
Sunny Site	Y	N	Near Playground	Y	N			
Near Washroom/Shower	Y	N	Barrier Free	Y	N			

1st 2nd 3rd 4th 5th

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

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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 Confirmation Sent	_____	Sent By:	_____	Sent Via: (Circle One)	Fax Email Mail
Secure Site:	Yes _____	No	_____		

If you use an internet e-mail provider such as Hotmail or Yahoo, please save the completed form and e-mail it as an attachment.