

CAMPSITE RESERVATION



Park Name	Lucien Lake Regional Park		Date		Park Email	lucienlakerp@sasktel.net		
Name				Address				
City/Town			Prov/ State		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		Departure Date	Month	Day	Year

Period of Stay: Daily Weekly Monthly

Please indicate the type site and service you require:

Site: Tent

Van or Pick Up Camper _____

Tent Trailer _____

5th Wheel _____ Length _____

Motor Home _____ Length _____

Services: 15 Amp

30 Amp _____

30 Amp & Water _____

Non Serviced _____

Group _____

Hall Rental _____

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.

1 st	2 nd	3 rd	4 th	5 th
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Payment Amount:

Payment Method: Cash Cheque Interac MC Visa

		Exp Date		
Card Number	CVC#		Month	Year

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: _____
Secure Site: Yes _____ No _____		(Circle One) Fax Email Mail

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.