

Park Name	Memorial Lake Regional Park	Date		Park Fax	1-306-427-2081
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Name		Address			
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City/Town		Prov/State		Postal / Zip Code		Country	
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Home Phone		Work Phone		Cell	
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Email		Total # in Party		Adults		Children		Pets	
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Are you with a Group?		Name?		Do you wish to be located nearby?	
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First Night				Last Night			
	Month	Day	Year		Month	Day	Year

Period of Stay : Daily Weekly Monthly

Please indicate the type site and service you require:

Site:	Tent	<input checked="" type="checkbox"/>	Services:	30 Amp	<input checked="" type="checkbox"/>
	Van or Pick Up Camper	<input type="checkbox"/>		15 Amp	<input type="checkbox"/>
	Tent Trailer	<input type="checkbox"/>			<input type="checkbox"/>
	5 th Wheel	<input type="checkbox"/>			<input type="checkbox"/>
	Motor Home	<input type="checkbox"/>			<input type="checkbox"/>

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		

Additional Comments:

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

***Payment Requirements are outlined in our new reservation policy! ***

Payment Amount:	\$ <input type="text"/>	Payment Method:	Cash	Cheque	CC	Interac
Card #	<input type="text"/>	Expiry Date:	<input type="text"/>	<input type="text"/>	Month	Year

Signature of Applicant

Date