

Park Name	<b>Memorial Lake Regional Park</b>	Date		Park Fax	<b>1-306-427-2081</b>
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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:

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