

# CAMPSITE RESERVATION



Park Name	Radville Laurier Regional Park			Date		Park Fax	1-306-869-3280				
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:

<b>Site:</b>	Tent	_____	v	<b>Services:</b>		v
	Van or Pick Up Camper	_____			15 Amp	_____
	Tent Trailer	_____			Tenting	_____
	5 <sup>th</sup> Wheel	_____ Length	_____			
	Motor Home	_____ Length	_____			

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

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 to rlrp@sasktel.net.