

CAMPSITE RESERVATION



Park Name	Sturgeon Lake Regional Park			Date		E-Mail	sturgeonlakeregionalpark@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:

<p>Site: Tent ✓</p> <p>Van or Pick Up Camper _____</p> <p>Tent Trailer _____</p> <p>5th Wheel _____ Length _____</p> <p>Motor Home _____ Length _____</p>	<p>Services: 30 A w ✓</p> <p>Non-Electrical _____</p>
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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			

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 Amount: Payment Method: (Circle One)

Cash Cheque Credit Card Interac

Credit Card # _____ Expiry Date: _____

Month Year CVC#

Signature of Applicant Date

PARK OFFICE USE ONLY					
Date Received:	_____		Received By:	_____	
Other Amt Paid	_____		Confirmation #:	_____	
Date Confirmation Sent	_____		Sent By:	_____	
Secure Site:	Yes _____	No _____	Sent Via: (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 to sturgeonlakeregionalpark@sasktel.net