

CAMPSITE RESERVATION



Park Name	YORK LAKE REGIONAL PARK			Date		Park E-mail	yorklakerp@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	<input checked="" type="checkbox"/>	Services: 30 A w/ Water	<input checked="" type="checkbox"/>
Van or Pick Up Camper	<input type="checkbox"/>	Non Electric	<input type="checkbox"/>
Tent Trailer	<input type="checkbox"/>		
5 th Wheel	<input type="checkbox"/>	Length	<input type="text"/>
Motor Home	<input type="checkbox"/>	Length	<input type="text"/>

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
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Payment Amount: Payment Method: Cash Cheque

Signature of Applicant

Date

PARK OFFICE USE ONLY					
Date Received:	<input type="text"/>	Received By:	<input type="text"/>	Deposit Paid:	<input type="text"/>
Other Amt Paid	<input type="text"/>	Confirmation #:	<input type="text"/>	Camp Site #	<input type="text"/>
Date Confirmation Sent	<input type="text"/>	Sent By:	<input type="text"/>	Sent Via: (Circle One)	<input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail
Secure Site:	Yes <input type="checkbox"/>	No	<input type="checkbox"/>		

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.