

# CAMPSITE RESERVATION FORM



Park Name	<b>Emerald Lake Regional Park</b>		Date		Park Email	elrpmanager@outlook.com		
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	_____	<input checked="" type="checkbox"/>	<b>Services:</b> Water	_____	<input checked="" type="checkbox"/>
Van or Pick Up Camper	_____		30 Amp/Water	_____	
Tent Trailer	_____		30 Amp/Water/Sewer	_____	
Travel Trailer _____ Length	_____		Cabin Rental	_____	
5 <sup>th</sup> Wheel _____ Length	_____		Cabin Deposit	_____	
Motor Home _____ Length	_____				

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			

	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
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.					

Payment Amount:	<input type="text"/>	Payment Method:	Cash	Cheque	Visa	MC	Interac
	Card Number	CVC#	Exp Date	Month	Year		

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

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.