

CAMPSITE RESERVATION FORM



Park Name	Emerald Lake Regional Park		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
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	_____	Services: Water	_____
Van or Pick Up Camper	_____	30 Amp/Water	_____
Tent Trailer	_____	30 Amp/Water/Sewer	_____
Travel Trailer _____ Length	_____	Cabin Rental	_____
5 th 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 st	2 nd	3 rd	4 th	5 th
Please provide preferred campsite #, if provided on map, also indicate your 2 nd , 3 rd , 4 th , 5 th choice.					

Payment Amount:		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.