

CAMPSITE RESERVATION FORM



Park Name	Sturgeon Lake Regional Park		Date		Park Email	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:

Site: Tent <input checked="" type="checkbox"/>	Services: 30 Amp <input checked="" type="checkbox"/>
Van or Pick Up Camper _____	Non-Electrical _____
Tent Trailer _____	
Travel Trailer _____ Length _____	
5 th Wheel _____ Length _____	
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			

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: Cash Cheque Interac MC Visa

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.