



CAMPSITE RESERVATION FORM

"Cancellation Policy for each reservation is one days fee in your site when cancelled at any time prior to your stay"

| | | | | | |
|------------|---------------------|-------|--|-------------|----------------------------------|
| Park Name: | Moosomin & District | Date: | | Park Email: | moosominregionalpark@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? | Y | | N | |
| Arrival Date: | Month | Date | Year | Departure Date: | Month | Day | Year | | |

Please indicate the type of site and service your require: Check box

| | | | | | | | |
|-----------------|--------------------|----------------------|-----------------|------------------|-----------------|------------|-----------------|
| Site: | Tent | _____ | | Services: | Non Serviced | _____ | |
| | Van/Pick Up Camper | _____ | | | Tenting | _____ | |
| | Tent Trailer | _____ | | | 15 Amp | _____ | |
| | 5th Wheel | _____ | Length _____ | | 30 Amp | _____ | |
| | Motor Home | _____ | Length _____ | | 15 Amp & Water | _____ | |
| | Travel Trailer | _____ | Length _____ | | 30 Amp & Water | _____ | |
| 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.

| | | | | | |
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|-----------------|-------|-----------------|------|-------|--------|-------|---------|-------|----|-------|------|-------|
| Payment Amount: | _____ | Payment Method: | Cash | _____ | Cheque | _____ | Interac | _____ | MC | _____ | Visa | _____ |
|-----------------|-------|-----------------|------|-------|--------|-------|---------|-------|----|-------|------|-------|

| | | | | |
|-------------|------|--------------|-------|------|
| Card Number | CVC# | Expiry Date: | Month | Year |
|-------------|------|--------------|-------|------|

Signature of Applicant

Date

PARK OFFICE USE ONLY

| | | | | | |
|-------------------------|--------------------|-----------------------|-------|---------------|----------------------------------|
| Date Received: | _____ | Received By: | _____ | Deposit Paid: | _____ |
| Other Amt Paid: | _____ | Confirmation #: | _____ | Campsite #: | _____ |
| Date Confirmation Sent: | _____ | Confirmation Sent By: | _____ | Sent Via: | _____ |
| Secure Site: | Yes _____ No _____ | | | (circle one) | Fax _____ Email _____ Mail _____ |

If you use an internet provider such as Hotmail or Yahoo, please save the completed form and e-mail it as an attachment.