

CAMPSITE RESERVATION FORM



Park Name	Nickle Lake Regional Park			Date		Park Email	nicklelakeregionalpark@gmail.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:

Site:	Tent	_____	<input checked="" type="checkbox"/>	Services:	15 Amp & Water	_____	<input checked="" type="checkbox"/>
	Van or Pick Up Camper	_____			30 Amp & Water	_____	
	Tent Trailer	_____		# of Slides	Full Service	_____	
	5 th Wheel	_____ Length	_____	# of Slides	Tenting	_____	
	Motor Home	_____ Length	_____	# of Slides		_____	
	Cabin Trailer	_____ Length	_____	# of Slides		_____	

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 Visa MC

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.