



CAMPSITE – SELF REGISTRATION

DATE IN: _____ DATE OUT: _____ Vehicle License # _____

NAME: _____ Trailer License# _____

ADDRESS: _____ PHONE: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

Receipt Required- Y ___ N ___ By Email: Y ___ N ___ Email Address: _____

PLEASE ENCLOSE CAMPING FEES IN ENVELOPE & DROP OFF AT THE MD OFFICE -4202 50TH STREET SPIRIT RIVER. IF AFTER HOURS USE MAIL SLOT ON OFFICE DOOR.

PLEASE MAKE CHEQUES PAYABLE TO MD OF SPIRIT RIVER #133

FULL SERVICE: \$35-Day \$210-Week \$700-Month

TENTING: \$15-Day \$90-week \$300-Month

Site # _____ # Nights _____ Permit # _____ Total Fees enclosed \$ _____

Municipal District of Spirit River #133 4202 50th Street Spirit River Alberta T0H 3G0 (780) 864-3500

SORRY, NO REFUNDS.