

Bearberry Nordic Centre
Fax: 1-403-638-4181

Reservation Form

Name: _____
Address: _____
City: _____
Postal Code: _____
Phone: _____
Total Members in Group: _____
Desired Cabin: _____
Day of Arrival: _____
Day of Departure: _____
Number of Nights _____ = \$ _____
50 % Deposit \$ _____
Balance \$ _____
5 % GST will be added.

Confirmation of booked nights will be sent after deposit is received.

Each guest will be required to sign a release / exemption of risk form, releasing Bearberry Nordic Centre and its volunteers.