The Confederated Tribes of the Colville Reservation Parks & Recreation Program

REYNOLDS RESORT REGISTRATION FORM

P.O. Box 155 – Keller – WA – 99140 (509)633-1092 – Resort or (509)634-3145 – Parks&Rec. Fax: (509)634-3150

Email: mike.hall@colvilletribes.com/shannon.marchand.pnr@colvilletribes.com

NAME:			
ADDRESS:			
PHONE/CELL#	ALTERNATE PHONE#		
NUMBER OF PEOPLE:_	\$3	25.00 Non-Refundable	Deposit Required
ARRIVAL DATE:	DEPARTURE DATE:		
CABIN 1	CABIN 2	CABIN 3	CABIN4
	RV SITE#	TENT SITE:	<u>-</u>
BOAT LAUNCH	BOAT(no m		AT(with motor) rovide own fuel)
By signing this registrat the policies/campgrou	•		ation and that you have read ty as a visitor.
SIGNATURE			DATE