

De Alta Lodge Boyle Alberta

General Room Request Form

First Name: _____ Last Name: _____

Project Name: _____ Company Name: _____

Arrival Date: _____ Departure Date: _____

Contact Info:

Cell Phone: _____ Office Phone: _____

Address: _____ Town: _____

Postal Code: _____ Province: _____

Email: _____

Emergency contact info: _____ Relationship: _____

Vehicle information

Make of vehicle: _____ Year: _____ Model: _____

Plate Number: _____ Plugged in Required: Yes. No.

Special Request: _____

De Alta Lodge Boyle Alberta

Phone: 780-607-0577

Fax: 780-988-4042

info@dealta.ca

www.dealta.ca