

## **Complete All Sections Below**

Seasonal Camper Information (Please print clearly)		
Name:		·····
Mailing address:		
City:	Province:	Postal Code:
Telephone Number:		
Email address:		
Chequing Account  Account Number  Financial Institution number:  Financial Institution:	Savings Account  Transit Num	
Please Include a void chequ	ue with this form	
10 equal payments of my season July 1 <sup>st</sup> .	operties Inc (Operating as West La onal fees, commencing Oct 1 <sup>st</sup> wit operties Inc (Operating as West La	ake Willows Resort) to debit the account above for th payments on the 1 <sup>st</sup> of every month concluding ake Willows Resort) to debit the account above for
affect)	PAD with West Lake Willows Reso	ort. (please allow 14 days for a cancellation to take
Name (please print):		
Date (Day/Month/Year):		