



RESERVATION REQUEST

Please fax completed form to Ralph's Place at (403) 275-3024. Subject to availability.

GUEST INFORMATION:

First Name: _____ Last Name: _____
Address: _____
City: _____ Province / State: _____
Postal Code: _____ Country: _____
Phone (day): _____ Phone (evening): _____
Fax: _____ Email: _____
Arrival Date: _____ Departure Date: _____
No. of Travellers: _____

**I/WE CERTIFY THAT all of information above is correct and complete.
I/WE have reviewed and agree to Ralph's Place cancellation policy and terms.**

Signature

Date