# OVERNIGHT VISITOR RECORD

**Please fax:** 403-678-3224 **email:** info@alpineclubofcanada.ca **or drop off at:** P.O. Box 8040 Canmore, AB T1W 2T8

Please be sure that all information is clearly printed and complete!

**Custodian Name:** **Hut:** **Custodial Period:**

| Dates Stayed | Contact Info | # of Memb | # of NonMemb | $ Paid at Hut OR Credit Card# w/expiry | Signature |
|---|---|---|---|---|---|
| | Name:<br>Address:<br>Phone #:<br>Email: | | | | |
| | Name:<br>Address:<br>Phone #:<br>Email: | | | | |
| | Name:<br>Address:<br>Phone #:<br>Email: | | | | |
| | Name:<br>Address:<br>Phone #:<br>Email: | | | | |
| | Name:<br>Address:<br>Phone #:<br>Email: | | | | |
| | Name:<br>Address:<br>Phone #:<br>Email: | | | | |