



ROOM

DORM

Client Registration Form

Date: _____, 2024

Last Name: _____ First Name: _____

Phone # (____) _____ Email: _____

Vehicle: _____ (YEAR) _____ (COLOR) _____ (MAKE & MODEL) _____ (LICENSE PLATE)

Emergency Contact Name _____ Phone Number: _____

Food/ Drug Allergies: _____

Contractor Company: _____ Day Shift: _____ Night Shift: _____

Oilfield/Resource Company: _____

Oilfield Supervisor Name: _____ Phone: (____) _____

Division/ Lease: (AFE) _____

Have you read and understood the camp code of conduct? (initial) Yes _____ no _____

Do you understand the COVID protocols of this camp? (initial) Yes _____ No _____

Search Acknowledgement

By signing this document, I acknowledge that, in accordance with Marten Hills Lodge Drug and Alcohol Policies, my vehicle, personal belongings, room and/or office (provided by Marten Hills Lodge/maintained by Torch) are subject to search on direction of Marten Hills Lodge Management or Security.

I hereby take sole responsibility for the loss and damage of items or structure for my assigned room. I agree to check in and out. I take sole responsibility for the storage of personal items.

Signature of Individual: _____