CONTACT INFO



Complete one form for each redemption centre and/or satellite location that you own.

Redemption centre owner conta	act information		
Name:	Email:	Phone:	
Redemption centre owner mailing	ng address		
Street Address or PO Box:			
City:	_ Province: Postal Cod	de:	
Main contact person for adminis	strative purposes		
Name:	Email:	Phone:	
Redemption centre manager co	ntact information		
Name:	Email:	Phone:	
The information provided below will b	be displayed on Encorp's website f	for use by the public.	
RC Name:	RC #:	Is this a satellite location? Y	Ν
		Is this a satellite location? Y	
Street Address:			
Street Address:	_ Postal Code:	Phone:	
Street Address: City: Email: (if applicable)	_ Postal Code: Website: _	Phone: (if applicable)	
Street Address:	_ Postal Code:	Phone: (if applicable) ^f -season)	
Street Address: City: Email: (if applicable) Hours of Operation (peak season) (At minimum – from April 1 to October 31) Sunday:to	_ Postal Code: Website: Website: Website: Ket the state of	Phone: (if applicable) f-season) 1 to March 31) _ to	
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