

CONTACT INFO



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

Redemption centre owner contact information

Name: _____ Email: _____ Phone: _____

Redemption centre owner mailing address

Street Address or PO Box: _____

City: _____ Province: _____ Postal Code: _____

Main contact person for administrative purposes

Name: _____ Email: _____ Phone: _____

Redemption centre manager contact information

Name: _____ Email: _____ Phone: _____

The information provided below will be displayed on Encorp's website for use by the public.

RC Name: _____ RC #: _____ Is this a satellite location? Y N

Street Address: _____

City: _____ Postal Code: _____ Phone: _____

Email: _____ Website: _____
(if applicable) (if applicable)

Hours of Operation (peak season)
(At minimum – from April 1 to October 31)

Sunday: _____ to _____
Monday: _____ to _____
Tuesday: _____ to _____
Wednesday: _____ to _____
Thursday: _____ to _____
Friday: _____ to _____
Saturday: _____ to _____

Hours of Operation (off-season)
(At most – from November 1 to March 31)

Sunday: _____ to _____
Monday: _____ to _____
Tuesday: _____ to _____
Wednesday: _____ to _____
Thursday: _____ to _____
Friday: _____ to _____
Saturday: _____ to _____