



Check in: 4:30 pm

GROUP RESERVATION FORM BOOKING #21134

CAMP FISH - FISHING CAREERS WORKSHOP

Arrival: Friday, October 26, 2018

Departure: Sunday, October 28, 2018

INSTRUCTIONS

Fill out form, then print. Mail form with a check to Madden's on Gull Lake or Fax Form with Credit Card information to secure fax number below.

Madden's on Gull Lake
Reservations Department
11266 Pine Beach Peninsula
Brainerd, MN 56401
Secure fax: 218-293-4517

Registration deadline is August 28, 2018

GUEST INFORMATION

Name: _____
Business Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Day Phone: _____
Email: _____

ADDITIONAL OCCUPANTS

Adults: _____

Children's names & ages: _____

CANCELLATION POLICY

You are responsible for your entire stay; early departures or reservations reduced in length are not refundable. Deposits are refundable, less a \$25 cancellation fee if you cancel by August 28, 2018. Any cancellations made after August 28, 2018 will not receive a refund. Reservations made after the deadline are non-refundable.

ADDITIONAL INFORMATION

Please note any special requests for lodging or meals:
(i.e., lodging accessibility or food allergies)

PACKAGE DESCRIPTION & RATES

Run of House Rooms

___ \$127.78 per night, including tax.

Suite Upgrades

___ \$159.98 per night, including tax.

Arrival Date _____

Number of Nights _____

Lodging rates include lodging, use of beaches, swimming pool, sauna, whirlpool, fitness center, business center, service charge and applicable sales tax.

All rates are **per room**; We will strive to honor your first choice, however, rooms will be assigned according to the number of people indicated. For your safety and security, Madden's does not assign roommates. If additional occupants are not indicated, you may be assigned a room with one bed. Reservation requests received after August 28, 2018 will be accepted on a space available basis.

PAYMENT INFORMATION

The full package payment is required at time of reservation request.

___ Mail form with check to Madden's on Gull Lake

___ Fax form with credit card information

Credit Card will be charged the required amount upon receipt of form. For your protection, do not mail credit card info.

___ Visa ___ MasterCard ___ Discover ___ AmEx

Card # _____

Exp Date: _____ Code: _____

Signature: _____