

GROUP RESERVATION FORM, BOOKING #18397

MN Association of Justice (MAJ)

Arrival: Thursday, August 18, 2016

Departure: Saturday, August 20, 2016 or Sunday, August 21st, 2016

INSTRUCTIONS

Mail Form with Check to Madden's on Gull Lake or Fax Form with Credit Card information

Madden's on Gull Lake				
Reservations Department				
11266 Pine Beach Peninsula				
Brainerd, MN 56401				
Secure Fax: (218) 293-4517				
Registration deadline is June 30, 2016				
ATTENDEE INFORMATION				
Name:				
Company Name:				
Address:				
City:Zip:				
Day Phone:				
Email:				
Spouse/Guest(s):				
Adult Name:				
Children:				
Name:	Age:			
CANCELLATION DOLLCY				
CANCELLATION POLICY				
You are responsible for your entire stay; early reservations reduced in length are not refund				
payments are refundable, less a \$25.00 cancer	_			
you cancel by June 30, 2016. Any cancellatio				
June 30, 2016 will not receive a refund (repla				
gladly accepted). Reservations made after th				
non-refundable.	e deddiiie die			
ADDITIONAL INFORMATION				
Please note any special requests for lodging: (i.e., handicap accessibility or food allergies)				
(i.e., nandicap accessibility or 1000 allergies)				

PACKAGE DESCRIPTION & RATES

LODGING PACKAGE:

Run of House Room 1 King

\$565.54 for 2 nights lodging \$848.31 for 3 nights lodging

Run of House Room 2 Queen

\$565.54 for 2 nights lodging \$848.31 for 3 nights lodging

Golf Villa 2 Queen

\$642.86 for 2 nights lodging \$964.29 for 3 nights lodging \$713.72 for 2 nights lodging _\$1,070.58 for 3 nights lodging

Lodging pricing is per room and includes lodging, service charge and applicable tax.

All rates are per room; We will strive to honor your 1st choice, however, rooms will be assigned on a first come first served basis. For your safety and security, Madden's does not assign roommates. If additional names are not indicated, we may assign a single room (one bed). Any reservation requests received after June 30, 2016 will be accepted on a space available basis only.

PAYMENT INFORMATION

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	form with che		
	e charged full (r protection, d	•	eceipt of form. Fol lit card info.
	_MasterCard	Discover	AmEx
Card #			
Exp Date:_		Code:	
Signature:			