

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

MEAL PACKAGE REGISTRATION FORM, BOOKING #18828

MN Seaplane Pilots Association - Meal Package

Arrival: Friday, May 20, 2016

Departure: Sunday, May 22, 2016

___ Visa ___ MasterCard ___ Discover ___ AmEx

Card # ______ Exp Date:______ Code:_____

INSTRUCTIONS		ATTENDEE INFORMATION			
Fill out form, then print.	Name:				
Fax form to secure fax with credi	Company Name:			,	
Mail form to Madden's on Gull La	Address:				
Madden's on Gull Lak	<i>(</i> e				
Attn: Reservations	City:	City:State:Zip:			
11266 Pine Beach Pei	Day Phone:				
Brainerd, MN 56401	Email:				
Secure Fax: (218) 293	Spouse/Guest:				
Pre-register for meals by April 20,	Child Na	Child Name: Age:			
	SELECT '	YOUR MEALS			
Please enter the nur	mber people for each m	eal ordered. F	Prices listed include	e applicable tax.	
Fri, May 20th Dinner:	\$40.75 per p	oerson	on \$20.37 per child, ages 4-12		
Sat, May 21st Breakfast:	oerson	son \$9.26 per child, ages 4-12			
Sat, May 21st Lunch Buffet:	oerson	erson \$11.06 per child, ages 4-12			
Sat, May 21st Dinner:	oerson	rson \$20.37 per child, ages 4-12			
Sun, May 22nd Breakfast:	\$18.52 per p	oerson	son \$9.26 per child, ages 4-12		
	Total meal ch	arges: \$			
REGISTRATION FEES:					
\$50.00 per person					
\$75.00 per couple					
	Total Registration	on Fees: \$			
MEAL PACKAGE INFORMATION		PAYMENT INFORMATION			
The Meal Package provides for your participation in			Full payment is required at time of request.		
your group's scheduled meals		Mail form with check to Madden's on Gull Lake			
Lake, complimentary parking a	Fax form with credit card information				
Madden's Conferen		Credit card will be charged the full deposit upon			
	receipt	receipt of form. For your protection, do not mail credit card information.			
ADDITIONAL INFORMATION			card inf	оппаноп.	

Signature:_____