



Check in: 4:30 pm

GROUP RESERVATION FORM BOOKING #19147

MAYO HEART REGIONAL PROGRAM

Arrival: Thursday, June 22, 2017

Departure: Sunday, June 25, 2017

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 May 23, 2017

GUEST INFORMATION

Name:
Company 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 May 23, 2017. Any cancellations made after May 23, 2017 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., handicap accessibility or food allergies)

PACKAGE DESCRIPTION & RATES

Tier 2 Bayviews, Sunrise villas, Golf Villas
Tier 3 Suites (2 queen + sofa sleeper)
Upper Sunrise Villas w/loft (2 queen + 2 twins)

Arrival Date
Number of Nights

Lodging rates include lodging, use of beaches, swimming pools, sauna, whirlpool, fitness center, business center 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. Any reservation requests received after May 23, 2017 will be accepted on a space available basis only.

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: