



Check in: 4:30 pm

GROUP RESERVATION FORM, BOOKING #20439

Brainerd Class of 1997 - 20 Year Reunion

Arrival: Saturday, May 13, 2017

Departure: Sunday, May 14, 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 April 13, 2017

ATTENDEE INFORMATION

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

SHARE WITH:

Adults:
Children's names & ages:

CANCELLATION POLICY

You are responsible for your entire stay; early departures or reservations reduced in length are not refundable. Package payments are refundable, less a \$25 cancellation fee if you cancel by April 13, 2017. Any cancellations made after April 13, 2017 will not receive a refund (replacements are gladly accepted). Reservations made after the deadline are non-refundable.

ADDITIONAL INFORMATION

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

PACKAGE DESCRIPTION & RATES

Voyageur Hotel Room

\$141.74 per room, per night, including tax

Wilson Bay Sunet Villa

\$173.95 per room, per night, including tax

Golf View Suite

\$206.16 per room, per night, including tax

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 April 13, 2017 will be accepted on a space available basis only.

PAYMENT INFORMATION

A deposit of one-night's stay 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 full deposit upon receipt of form. For your protection, do not mail credit card information.

Visa MasterCard Discover AmEx
Card #
Exp Date: Code:
Signature: