A Madderes on Gull Lake

Check in: 4:30 pm

GROUP RESERVATION FORM, BOOKING #20369

Exit Realty Meeting

Arrival: Friday, August 4, 2017 Departure: Sunday, August 6, 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 June 6, 2017

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	ATTENDEE INFORMATION

Name:			_
Company Name:			_
Address:			
City:	State:	Zip:	
Day Phone:			
Email:			
	SHARE WITH		
Registering now	Separately _	_	
Name:			 _
Company Name:			 _
Address:			
City:			
Day Phone:			
Email:			

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 \$25.00 cancellation fee if you cancel by June 6, 2017. Any cancellations made after June 6, 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, addt'l names or food
allergies)

PACKAGE DESCRIPTION & RATES 2-NIGHT LODGING PACKAGE:

Voyageur Hotel Rooms

___ \$586.26 per room

2-night minimum is required, except where one-night openings already exist.

Two-night lodging package includes lodging, use of beaches, swimming pools, fitness center, business center and applicable sales tax.

For your safety and security, Madden's does not assign roommates. If additional occupant(s) are not indicated, you may be assigned a room with one bed. Any reservation requests received after June 6, 2017 will be accepted on a space available basis only.

PAYMENT INFORMATION

The full package payment i reservation request.	s required at time of				
Mail form with check to	Madden's on Gull Lake				
Fax form with credit car	rd information				
Credit card will be charged the full deposit upon receipt of form. For your protection, do not mail credit card info.					
Visa MasterCard	Discover AmEx				
Card #					
Exp Date:	Code:				

Signature:_____