

GROUP RESERVATION FORM, BOOKING #20487

USPS NORTHI AND DISTRICT

Arrival: Tuesday, October 17, 2017 Departure: Thursday, October 19, 2017

LODGING RATES

____ \$276.20 Run of House, 2 night stay

____\$352.26 Suite Upgrade, 2 night stay

Lodging rates include use of beaches, swimming pools, saunas, whirlpools, fitness center, business center, service charge and sales tax.

We will strive to honor requests for specific room types, however, rooms will be assigned based on the number of guests registered in a room. For your safety and security, Madden's does not assign roommates. If additional occupant(s) are not indicated, we may assign a room with one bed. Any reservation requests received after August 18, 2017 will be accepted on a space available basis.

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 August 18, 2017. Any cancellations made after August 18, 2017 will not receive a refund (replacements are gladly accepted.) Reservations made after the dealine are nonrefundable.

PAYMENT INFORMATION

Government issued credit card information is required at time of reservation request.

Credit card will NOT be charged until check-in. For your protection, do not mail credit card information. A personal credit card is required to reserve additional room nights.

Fax form with credit card information

Visa MasterCard Discover

Card # _____ Exp Date:_____ Code:_____

Signature:_____

Name:

Company Name:_____

Address:_____

City:_____State:___Zip:____

Day Phone:____

Email:

SHARE WITH:

ATTENDEE INFORMATION

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.

Brainerd, MN 56401

Registration deadline: August 18, 2017

Madden's on Gull Lake

Reservations Department 11266 Pine Beach Peninsula

Secure Fax: 218-293-4517

Registering now ____ Separately ____

Name:

Company Name:_____

Address:_____

City: State: Zip:

Day Phone:_____

Email:

ADDITIONAL INFORMATION

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