



Check in: 4:30 pm

GROUP RESERVATION FORM, BOOKING #20487

USPS NORTHLAND DISTRICT

Arrival: Tuesday, October 17, 2017

Departure: Thursday, October 19, 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: September 14, 2017

ATTENDEE INFORMATION

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

SHARE WITH:

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)

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. Reservation requests received after September 14, 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. Cancellations will not receive a refund (replacements are gladly accepted.) Reservations made after the deadline are non-refundable.

PAYMENT INFORMATION

Valid 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 ___ AmEx

Card # _____

Exp Date: _____ Code: _____

Signature: _____