| | GROUP RESERVATION FORM, BOOKING #20194 | |
|---|--|---|
| A Madden's on Gull Lake | | ATORS FOR SPECIAL EDUCATION (MASE) |
| on Gull Lake Arri | | al: Wednesday, May 9, 2018 for Dinner |
| | | rture: Friday, May 11, 2018 after breakfast |
| INSTRUCTIONS | | PACKAGE DESCRIPTION & RATES |
| 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 | | 2-NIGHT LODGING & 4 MEAL PACKAGE: Run of House Rooms \$547.32 Single Occupancy, per person |
| | | \$354.77 Multiple Occupancy, per person |
| | | Please call Madden's Reservation Department at 800- 642-5363 to reserve an extended stay. |
| Secure Fax: (218) 293-4517 Registration deadline is April 10, 2018 | | Two-bedroom cabins require 3 people to qualify for multiple occupancy rate. |
| ATTENDEE INFORM | | |
| Name: | | Two-Night Lodging package includes lodging, breakfast and dinner, Tennis & Croquet Club, non- motorized watercraft, golf green fees on Pine Beach East, Pine Beach West and Social 9 courses (carts addt'l), service charge and applicable sales tax. Lunch is included in your MASE registration fee. |
| | | All rates are per person ; the multiple occupancy rate requires 2 or more conference attendees sharing a room. We will strive to honor your 1st choice, however, rooms will be assigned based on the number of guests staying in a room. If additional occupant(s) are not indicated, we will assign a single room with a <i>single</i> <i>occupancy rate</i> . Any reservation requests received after April 10, 2018 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 full deposit upon |
| ADDITIONAL INFORMATION | | receipt of form. For your protection, do not mail credit |
| Please note any special requests for lodging or meals: (i.e., lodging accessibility or food allergies) | | card information. Visa MasterCard Discover AmEx Card # |
| | | Exp Date: Code: Signature: |