

DAY MEETING REGISTRATION FORM, BOOKING #20811

MN County Recorders Assn - Day Meeting Package

Arrival: Tuesday, June 11, 2019 Departure: Friday, June 14, 2019

card information.

___ Visa ___ MasterCard ___ Discover ___ AmEx

Exp Date:_____ Code:____

Card # _____

INSTRUCTIONS			ATTENDEE INFORMATION		
Fill out form, then print.			Name:		
Fax form to secure fax with credit card information.		County:			
Mail form to Madden's on Gull Lake with a check.		Address:			
Madden's on Gull Lake					
Attn: Reservations					
11266 Pine Beach Peninsula		City:State:Zip:			
Brainerd, MN 56401		Day Phone:			
Secure Fax: (218) 293-4517		Email:			
Pre-register for meals by May 31, 2019					
	SELECT Y	YOU	R MEALS		
Please enter the	e number p	peop	ele for each meal ordered.		
		Adı	ults & Teens age 13-18	Ages 4-12	
Tue, June 11th Lunch:		\$27	7.87 per person	\$11.40 per child	
Tue, June 11th Dinner:	\$27.87 pe		.35 per person	\$20.27 per child	
Wed, June 12th Lunch:			7.87 per person	\$11.40 per child	
Wed, June 12th Dinner:			.35 per person	\$20.27 per child	
Thu, June 13th Lunch:			7.87 per person	\$11.40 per child	
Thu, June 13th Dinner:			.35 per person	\$20.27 per child	
Fri, June 14th Box Lunch:	\$20.27 pε		.27 per person	\$11.40 per child	
Tota	al meal ch	arge	es \$		
Prices lis	sted includ	e ap	oplicable sales tax.		
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DAY MEETING PACKAGE			PAYMENT INFORMATION		
The Day Meeting Package provides for your participation in your group's meetings as a DAY VISITOR at Madden's on Gull Lake. The package includes complimentary parking and general access to			Full payment is required at time of 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		
Madden's Conference Center.			receipt of form. For your protection, do not mail credit		

Signature:_____

ADDITIONAL INFORMATION

Please note any special requests: (i.e. facilities

accessibility, dietary restrictions or food allergies)