

GROUP RESERVATION FORM, BOOKING #21617

MN Regional Railroads Association

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 11044 Pina Pagah Paningula

11266 Pir	ne Beach Penii	nsula	
Brainerd	, MN 56401		
Secure F	ax: (218) 293-4	517	
Registration deadlin	ie is June 4, 201	19	
ATTENDEE INFORMATION			
Name:			
Company Name: _			
Address:			
City:	State:	Zip:	
Day Phone:			
Email:			
ADDIT	IONAL OCCU	PANT(S)	
Share with:			
Registering now	Separately _		
<u>OR</u>			
Spouse/Guest:			
Child name:			
Child name:		Age:	
Child name:		Age:	
CAN	NCELLATION P	OLICY	
Package payme cancellation fee i cancellations made refund (replace	luced in length ents are refund if you cancel b e after June 4, 2 cements are glo	are not refundable lable, less a \$25.00 by June 4, 2019. Any). ′
ADDIT	IONAL INFOR	MATION	
	pecial requests accessibility or	for lodging or meal food allergies)	s:

_	Amival: Sunday, July 21, 2019		
D	eparture: Tuesday, July 23, 2019		
	PACKAGE DESCRIPTION & RATES		
	2-NIGHT LODGING PACKAGE:		
	Tier 1 Hotel & Cottages		
	\$453.62 per room		
	1 King 2 Queen		
	Tier 2 Villas		
	\$509.34 per room		
	1 King 2 Queen		
	Suite Upgrade		
	\$615.80 per room		
	1 King 2 Queen		
	Two-night lodging package includes lodging, use of beaches, swimming pools, fitness center, business center, service charge and applicable sales tax.		
	All rates are per room. We will strive to honor your 1st choice, 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, you may be assigned a room with one bed. Any reservation requests received after June 4, 2019 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 full deposit upon receipt of		

form. For your protection, do not mail credit card information. ___ Visa ___ MasterCard ___ Discover ___ AmEx

Exp Date:_____ Code:____

Signature:

Card # _____