



SUMMIT VILLAGE
SHANTY CREEK RESORTS®

MRCNA
July 5-8, 2012
150262

Reservations Must be Received By: **May 28, 2012**

PLEASE RETURN THIS FORM BY MAIL OR FAX TO:

Reservations Department • Shanty Creek Resorts
5780 Shanty Creek Road • Bellaire, MI 49615
Fax: 231.533.7004

Check-in begins at 6pm, Check-Out is 12pm

Name: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Business Phone: _____

Confirmation Email: _____ Fax: _____

You are welcome to arrive early or extend your stay following this scheduled event. At times specified accommodations are not available prior to or following your event. If the room type requested is not available, we reserve the right to assign the next available room type and rate.

Arrival Date: _____ Departure Date: _____ # Adults: _____ # Children: _____

ROOM TYPE:	1 Adult	2 Adults	3 Adults	4 Adults
_____ Guest Room Inside Hotel (2 Beds)	\$109	\$109	\$109	\$109
_____ Guest Room Outside Hotel (1 or 2 Beds)	\$99	\$99	\$99	\$99

Studio and Condo Rates are available based on our general availability. Please call for the discounted rate.
(Please note we will still need you to send a reservation form to book these options.)

The above rates are Per Room, Per Day, plus 6% state tax, 9% resort fee and 5% TCCVB fee.

If your organization is state tax exempt you must furnish a copy of the state tax exemption certificate when making your reservation.

THIS FORM MUST BE MAILED OR FAXED IN TO RECEIVE THE GROUP DISCOUNTED RATES.

Deposit Policy: You must guarantee your room reservation with a major credit card or a check for deposit of 1st nights lodging. Credit card **WILL BE** charged for the above deposit. **Use of Debit cards at the resort for lodging or deposits may cause your financial institution to put a hold on your account for the total amount of the stay plus a \$50.00 per night incidental charge. The resort is not responsible for returned check fees resulting from this practice by your financial institution.** Refund of your deposit will be made if cancellation occurs at least 5 days prior to arrival, less a \$10 handling fee.

Card Number: _____ Expiration Date: _____
(If Mailing a Check, Please Note on the Line Above.) Reservation will be held for 10 days pending receipt of the check. If credit card deposit is made and organization pays in full by check refunds of credit card are subject to a \$10.00 handling fee.

Signature (Required): _____ Printed Name _____

Do you have any special lodging requests?

Barrier Free: _____ Other (Please Indicate): _____

We do our best to honor special requests, however we cannot guarantee them.

For Questions or More Information, Please Call: 1-800-678-4111