



Group Name: Michigan Cemetery Association
Dates: July 12, 2015-July 15, 2015

Group #: 45T8QU
Issued: 3/5/15

Reservations may be made utilizing this form or by booking online at <http://www.crystalmountain.com/grouplodging> utilizing group code **45T8QU**. Reservations must be made by **June 12, 2015**, reservations received after this date will be taken on a space-available basis. If room type requested is not available, the next available room type and rate will be confirmed. Crystal Mountain does it's best to accommodate requests, however cannot guarantee specific rooms/units. Please inquire with reservation staff for additional unit types available beyond those listed.

Check-in: 5:00pm **Check-out: 11:00am**

Room	Single/Double Rate	Single/Quad Rate	Indicate 1 st & 2 nd Choice
Studio	\$ 164		
Hotel Room	\$ 174		
Suite	\$ 214		
One Bedroom Condo	\$ 267		
Two Bedroom Condo		\$ 339	
Three Bedroom Condo		\$ 419	
Two Bedroom Cottage/Kinlochen		\$ 419	
Three Bedroom Cottage		\$ 579	

All rates are subject to 6% state tax, 2% local assessment and 9% service fee.

Package Includes: Lodging Only (per unit, per night)

- Up to 2 children ages 17 & under sleep free when occupying same room with 1 paying adult.
- **There is a \$20.00 plus tax, per person, per night charge for additional adults above the quoted occupancy.**
- Credit card imprint is required at check-in for all guests.
- **There are no refunds on unused portions of lodging or package stays.**

Deposit / Cancellation Policy: A deposit equal to the first night's lodging is required with each reservation. Please make check or money order payable to Crystal Mountain or include a credit card number below. Do not send cash. Deposit is fully refundable if cancellation is made 14 days prior to your arrival date. If cancelled or changed within 14 days of arrival, you are responsible for your entire lodging or package stay.

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Please Print

Arrival Date: _____ **Departure Date:** _____ **Number of:** _____ **Adults in Party:** _____ **Children 17 & under:** _____

Mr. Mrs. Ms. Dr. (circle one): Name : _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Telephone #:** _____ **(Home)**

e-mail Address: _____ **(Work)**

Conference attendees sharing same room: _____

Special requests: (handicap accessible, etc.): _____

Would you like to be contacted for dining, lesson, recreation, tee time or spa reservations? Yes _____ No _____

Signature: _____ **Date:** _____

Tax exempt individual: If your agency is tax exempt you may qualify for exemption from the 6% state use tax; reservations are not exempt from the 2% local assessment and 9% service fee. Please include a state tax exempt form #3372, (IRS authorized letter with 501(c)(3) or 501(c)(4) organizations) and indicate your method of payment below. (Personal funds do not qualify for exemption from state tax, local assessments or service fee.)

_____ Agency check enclosed.

_____ Agency credit card completed below (MUST include credit card authorization form).

_____ Please use my personal credit card to guarantee the reservation. Payment with agency funds will be provided prior to arrival.

AUTHORIZATION NOTE: I authorize and acknowledge that all of the charges below will be processed to my payment card as detailed above.

Credit Card #: _____ **Expiration Date:** ____/____ **Billing Zip Code:** _____

Agency or individuals name as it appears on Card: _____
 (Agency credit card or copy MUST be presented upon check in)

Please mail or fax to: Crystal Mountain ~ 12500 Crystal Mountain Drive ~ Thompsonville, MI 49683
Fax: 231-378-4879 **Phone:** 231-378-2000 **Reservations Only:** 855-520-2974