



MI Land Title Association (241150)

July 11-14, 2015

Reservations Must Be Received By: June 11, 2015

Reservation requests received after this date will still be accepted provided rooms are available.

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 5pm, Check-out is 12 Noon.

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:** _____

Quantity	Room Type	1 Adult	2 Adults	3 Adults	4 Adults
	Guest Room (2 Beds)	\$148	\$148	\$163	\$178
	Parlor Studio (King Bed)	\$175	\$175		
	One Bedroom Condo	\$219	\$219	\$219	\$219
	Two Bedroom Condo	\$275	\$275	\$275	\$275

Additional guest fee is \$15.00 per person, per night. Children under 18 may stay free in their parents' room using existing bedding. 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 RESERVATIONS.

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. Your 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 FOR MORE INFORMATION, PLEASE CALL 800.678.4111