

OVERNIGHT PROGRAM REGISTRATION FORM

ICEBREAKER MACKINAW MARITIME MUSEUM, INC.

PO Box 39, Mackinaw City, MI 49701
Phone 231.436.9825 (office)
www.themackinaw.org



SECTION 1: GROUP CONTACT INFORMATION

Group Name	
Street Address	
City/State/Zip	
Organization Phone Number	
Organization Fax Number	
Organization Website Address	
Contact Person Name	
Contact Person Cell Number	
Contact Person Email Address	

SECTION 2: VISIT INFORMATION

Arrival Date (mm/dd/yyyy)	
Departure Date (mm/dd/yyyy)	
Type of Visit (√)	Overnight Guest _____ Work Crew _____ (Complete Section 3.)
Group Size (#)	Total number in Group _____
Adult/Minor Mix (#)	Number of Adults _____ Number of Minors _____
Age Range of Minors (#)	Youngest _____ Oldest _____
Cost/Per Person (√)	\$25/pp _____ (Mon-Thu) \$30/pp _____ (Fri-Sun) \$15/\$20pp _____ (work crews only) *work crew bookings are due to availability and require approval.
Total Amount Due for Group (#)	Total Due = \$ _____ Note: Payment due at beginning of scheduled visit.

NOTE: A \$250 deposit is required when a reservation is made. Deposit is refundable until 14 days before scheduled visit.

SECTION 3: INSURANCE INFORMATION REQUIRED FOR WORK CREWS ONLY

Is the group insured? (√)	Yes _____ No _____
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NOTE: Insured groups must provide Certificate of Insurance listing IMMM, Inc. as Additional Insured prior to arrival.

SECTION 4: AUTHORIZED SIGNATURE OF GROUP LEADER

I have read, understand and agree our group will abide by the IMMM, Inc. Overnight Program Rules and Guidelines.

_____	_____	_____
Authorized Signature	Printed Name	Date

IMMM Office Use Only: Deposit check # _____ Amount of deposit \$ _____ Amount due \$ _____