



**SUMMIT VILLAGE**  
SHANTY CREEK RESORTS

**Dept of Michigan Veterans of Foreign Wars**  
**September 28 – October 2, 2011**  
86730  
Reservations Must be Received By **August 29, 2011**

**PLEASE RETURN THIS FORM BY MAIL OR FAX TO:**  
Reservations Department • Shanty Creek Resorts  
One 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 (2 Beds)	\$109	\$109	\$109	\$109
_____ Parlor Studio (King Bed)	\$145	\$145		
_____ One Bedroom Condo	\$180	\$180	\$180	\$180
_____ Two Bedroom Condo	\$280	\$280	\$280	\$280
_____ Three Bedroom Condo	\$380	\$380	\$380	\$380

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 1<sup>st</sup> 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**