



CRYSTAL
MOUNTAIN

Group Name: Michigan Propane Gas Association

Group #: 45Z0FY

Issued: 1/3/19

Dates: July 23, 2019-July 26, 2019

Reservations may be made by calling 1-855-520-2974, by utilizing this form or by booking online at [Book Online Here](#). This is a direct link to the Crystal Mountain online booking system with your group code. If the group code (45Z0FY) does not populate into the online booking system form automatically, it is possible your organization's security settings may be blocking this. In this case, after you click the link and get to the online booking system, you may need to click on the "Have a Special Code?" link and key in your group code (45Z0FY) manually to view the selections for your group.

Reservations must be made by **June 24, 2019**, reservations received after this date will be taken on a space-available basis and at the prevailing discounted rate. If room type requested is not available, the next available room type and rate will be confirmed. Crystal Mountain does its 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
Hotel Room	\$199		
Suite	\$249		
One Bedroom Condo	\$299		
Two Bedroom Condo	\$389		
Three Bedroom Condo	\$479		
Kinlochen Two Bedroom Condo	\$479		
Three Bedroom Cottage	\$659		
Five Bedroom MountainSide Townhome	\$669		

*Quoted 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.

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, less a \$10 administrative fee if cancellation or modification occurs at least 7 days prior to your arrival date. Deposits are non-refundable if the cancellation occurs within 7 days of arrival. Modifications to your reservation including changing dates or reducing the length of your stay will result in a charge equal to one night's stay. **No refund on unused portion of package stays.**

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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 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 9% service fee or the 2% assessment. To qualify for exemption please complete the [tax exempt form](#) and provide any required documentation. Reservations must be paid with agency funds. If an agency credit card is being used for payment, a [credit card authorization form](#) must be completed. In addition we must receive a legible copy of the credit card showing the last 4 digits of the card and the agency name. For your convenience [Tax Exempt Instructions](#) are included to provide the specific requirements and where to send your documents. (Personal funds or cash do not qualify for tax exemption)

____ 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. (Due to PCI compliance; we can only accept the last 4 digits of the credit card by e-mail- once the reservation is set up a Reservation Agent will call you for the Credit card information).

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 contact Reservations with any questions at 1-855-520-2974.

The information can be provided in the following ways:

Mail to: Crystal Mountain Resort Reservations Fax to: 231-378-4879
12500 Crystal Mountain Drive
Thompsonville, MI 49683

Email to: reservations@crystalmountain.com