



Grand Hotel/Mackinac Island 2009 *The Grand Experience*

May 2009

Enclosed is information important for your 2009 MRPA Grand Hotel/Mackinac Island trip.

- The Agency Payment Form – has information on sending in your deposits and your final payments. Please copy and use this form as needed. Refer all questions on payments to Tom Fraas at MRPA (517) 485-9888.
- Grand Hotel Lunch Options – Use this form if you plan to have a group lunch at Grand Hotel. Many of you have done this in the past. If you have already made your arrangements, you may not need this form.
- Participant Consent Form – We need one of these forms for each person on the trip (including all escorts). You may copy this back to back with the medical form for your travelers.
- Participant Medical Form – We need one of these forms for each person on the trip (including all escorts). You may copy this back to back with the consent form for your travelers.
- Room List and Room List Change Forms – VERY IMPORTANT – Only submit one rooming list and that should be with your August/September final payment. After your one rooming list is submitted, use only the Rooming List Change Form for all changes. Please be sure to note any special accommodations that your travelers may need. If you become aware of special needs for your travelers after you have submitted the Rooming List, use the Rooming List Change Form to note the special accommodations needed.
- The Top 10 Things for Leaders to Remember — a few special reminders.

We have most of the requests for boat times. We will be assigning times to groups to have less congestion at the boat docks and most importantly the taxi stand. You will receive confirmation of your arrival/departure times.

We hope that all of your trips are filling nicely. Please be sure to contact us if you are anticipating releasing some rooms, or are in need of more rooms. We have had a few of the groups request extra rooms, and in some cases we have none to give.

We would like to clarify the roles we have for this year's trip. Mary Winegar will coordinate the planning and programming and will be at Grand Hotel for each of the trips. MRPA staff support looks like this:

Gail Garber – office support for and at Grand Hotel for Trips 1 and 3

Justin Lippe – office support for and at Grand Hotel for Trips 2 and 4.

If you have any questions at all, please feel free to contact us! Email or call – whichever works best for you – our contact information is below.

Mary Winegar – mwinegar@mrpaonline.org – 517.669.9595
Gail Garber – ggarber@mrpaonline.org • Justin Lippe – jlippe@mrpaonline.org
2465 Woodlake Circle, Suite 180 • Okemos, MI 48864
Phone: 517.485.9888 • Fax: 517.485.7932



Michigan Recreation and Park Association
We create community through people, parks, and programs.



Grand Hotel/Mackinac Island
The Grand Experience
Agency Payment Form

Agency/Organization Name _____

Contact Person _____

Phone # () _____ Fax # () _____

Payment Information Please contact Tom Fraas at 517.485.9888 if you need an invoice sent to you.

Type of Payment - Check One

_____ Deposit of \$200/person - only for those participants to date.

_____ Final Payment/Balance per person - for all participants.

Number of participants you are paying for _____

Final Room List is due with FINAL payment only.

Payment Type (circle one) Check _____ Money Order _____ Credit Card _____
Make checks payable to Grand Hotel

Credit Card Type (circle one) Visa _____ MasterCard _____ Discover _____

Credit Card Number _____ Exp. Date _____

Total Amount to be charged _____

Authorized Signature _____ Date _____

Deposit Deadlines

- July 2 First Deposit (\$200 for each person who is signed up at this time)
August 6 Additional Deposit (\$200 for each additional participant who was not included above)

Final Payment Deadlines

- August 18 Balance of payment for Trip #1 September 22 - September 25
August 25 Balance of payment for Trip #2 September 29 - October 2
September 8 Balance of payment for Trip #3 October 13 - 15
September 18 Balance of payment for Trip #4 October 23 - 26

Send payment to: MRPA
2465 Woodlake Circle Suite 180, Okemos, MI 48864
Fax #: 517.485.7932

After the final payment deadline, there are no refunds. We cannot make exceptions!
You may want to encourage your travelers to read the insurance brochure carefully and
consider buying travel insurance.



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Lunch Options at the Grand Hotel

THIS ORDER FORM IS TO BE USED FOR GROUP LUNCHESES ONLY
Lunches for individuals are available—no form needed

All options include tax and all gratuities

Grand Hotel Luncheon Buffet \$15.00 per person
Includes hot and cold entrees, salads, desserts, coffee or tea. Served in the Grand Hotel dining room

Boxed Lunch from Grand Hotel Contact Jackie Hoskins at (906) 847-3331.

Soup and 1/2 Sandwich \$8.50/person
Includes soup, 1/2 sandwich and soft drink. Served in Carlton's Tea Shop in the lobby level. Also available to be served in the Cottage Restaurant or other rooms by reservation only (subject to availability).

Name of Group: _____

Circle one Buffet Lunch Soup and 1/2 Sandwich Lunch

Date of Lunch _____ Approximate time _____

Number of People _____

Contact Person _____

Daytime phone _____

Fax _____

Email _____

Method of payment _____
(Payment due at the Leaders' Meeting at Grand Hotel – credit card or check accepted)

Grand Hotel Contact Person: Jackie Hoskins
Phone: (906) 847-3331
Fax: (906) 847-3259
Email: jhoskins@grandhotel.com



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Grand Hotel/Mackinac Island *The Grand Experience* 2009 Participant Consent Form

Trip Participants: Please sign this form and return to your trip coordinator.

Organization Name: _____
(Name of the group/city you are traveling with to Grand Hotel)

The undersigned assumes all responsibility for himself/herself while involved with the Michigan Recreation & Park Association (herein noted as MRPA) Grand Hotel/Mackinac Island Trip Program with respect to any actions taken in pursuance of any or all such involved activities. Moreover, it is agreed that the MRPA, its employees, volunteers and respective agents shall not be liable nor responsible for any property damage and/or personal injury and/or other loss or damage suffered by the participant. In the event of any injury, permission is hereby given to the MRPA, its employees, volunteers or respective agents to seek available medical assistance. *While at the MRPA Grand Hotel/Mackinac Island Trip program, I agree that MRPA agents or associated trip leaders may be informed of medical conditions if I seek medical treatment while engaged in this program.* Additionally, the participant agrees that photos may be taken of trip participants and used in educational/marketing opportunities by the MRPA. The participant represents that he/she is in good physical and mental condition and able to participate in the program, and that he/she shall be responsible for his/her own health. The participant accepts full risk and knowledge that some activities require the assistance of unscreened volunteer supervisors.

Participant's Name – Please Print _____

Participant's Signature _____ Date _____

Trip Coordinators:

Please collect forms from all of your trip participants (including escorts/group leaders) and place in a sealed, manila envelope labeled "Consent Forms," with your organization/group name and trip#. Your packet will be collected at the Leaders' Meeting at Grand Hotel on the day of your arrival.



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Participant's Medical Information

Trip Participants: This form must be completed by everyone attending the trip. Please complete and return to your trip coordinator.

Name of Organization/Group you are traveling with

Please print clearly

Name Date of Birth Phone

Address City State

In case of emergency, whom should we contact?

Name Relationship to you

Phone (include area code) ()

In case they are not available, please give us a second contact person.

Name Relationship to you

Phone (include area code) ()

Your medical information

Physician's Name Phone ()

Name of Medical Insurance (If none, please indicate)

Insurance Code Numbers

List all medications you use

List your allergies

List any medical conditions

I need special handicap accommodations Yes No Explain

Use reverse side if necessary

I agree that this information may be used only in the event of an emergency and that the leaders associated with the Grand Hotel/Mackinac Island program may be informed of my medical information in the event that I seek treatment while engaged in the program.

Signature Date

INFORMATION FOR THE FINAL BANQUET CELEBRATION

As my meal preference I would like (please check one): Whitefish Beef Vegetarian

Trip Coordinators: Please collect forms from all of your trip participants (including escorts/group leaders) and place in a sealed, manila envelope labeled "Medical Forms," with your organization/group name and trip #. Be sure to tally the meal preferences for your travelers. This envelope will be collected at the leaders meeting at Grand Hotel on the day of your arrival. If you would like your forms back, please ask for these at the Hotel Registration Desk just prior to your departure. Forms not claimed will be shredded. Medical and Consent Forms may be copied back to back.



Room List for the 2009 MRPA Grand Hotel/Mackinac Island Trip

(Due with final payment—after final payment, make changes on Room List Change Form)



Name of Organization _____

Trip # _____

Dates _____, 2009

Contact Person _____

Phone # _____

Fax # _____

Single Rooms _____ # Double Rooms _____ # Triple Rooms _____

Total Rooms _____ (includes Group Leader)

When filling out this room list, please list any special circumstances (i.e. room near elevator for those with limited walking ability; wheelchair accessible room needed, separate beds for couple) Indicate single room in special notes.

	1 st Person in Room	2 nd Person in Room	3 rd Person in Room or Special Notes
1	Group Leader	Group Leader Roommate	
2			
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PLEASE DO NOT WRITE BELOW THIS LINE. IF NECESSARY, USE AN ADDITIONAL SHEET

Top 10 Things that Trip Leaders Need to Remember . . .

1. Make all payment checks **payable to Grand Hotel**. However, **mail** them to **MRPA**. See address on the Agency Payment Form and below.
2. Please continue to take participants after the initial deposit date. You may request an invoice for your deposit and final payment by contacting Tom Fraas at the MRPA Office. Because we encourage continuous sign up (even after deposit dates), invoices will not be sent unless requested.
3. **The first deposit is due on July 2, 2009**. This is a \$200/per person deposit for all people you have registered to this point. We have initiated a **second deposit date of August 6**. The deposit is \$200 per person for everyone you registered between the July payment and August 6. The due dates for deposits (and payments) are also in your registration packet.
4. Trip Leaders who reach their comp number and have a single room will be assessed \$40 for the 2 night package (Trip #2) and \$55 for the 3 night package (Trip #1, 3, 4). Trip leaders who want a single room and do not make their comp (30 paid people) must pay the full single rate.
5. Rooming lists are due with your final payment. Send only **one** rooming list. After you have sent the rooming list, please use the "Rooming List Change Form" to make any changes. In the event you call Tom Fraas at MRPA to make your changes, you will still need to verify that change in writing.
6. Those participants on Trip #4, the Grand Hotel Buffet Luncheon is included in your package on the second and third day. Special arrangements are needed for groups intending to have a group lunch on incoming or outgoing trip days. See the enclosed information for lunch options.
7. Be sure to encourage your group to get involved in all of the activities on their "personal cruise" of Grand Hotel and Mackinac Island. We hope to make their trip truly "Grand." Complete detailed itineraries will be sent to Trip Coordinators prior to departure date.
8. **There are no refunds after the final payment dates.** *Refunds after the July 2, 2009 deposit date and prior to the final payment day are possible.* There is no refund of the initial \$100 deposit. Trip Cancellation Insurance is highly recommended. Be sure to read any exclusions before offering trip insurance (especially if they want to purchase insurance more than 21 days after they have made their initial deposit).
9. Call Gail Garber or Justin Lippe if you are having trouble filling your trip or if you have any other items that you want to talk over.
10. **AND MOST IMPORTANT OF ALL — PAT YOURSELF ON THE BACK OR GIVE YOURSELF A BIG HUG FOR PROVIDING A WONDERFUL OPPORTUNITY FOR YOUR TRIP PARTICIPANTS TO ENJOY GRAND HOTEL ON MACKINAC ISLAND!**