

397 Brule Mountain Road Iron River, MI 49935

1-800-DO-BRULE * <u>www.skibrule.com</u> * Fax: 906-265-6227

2016/17 GROUP LODGING PACKAGE CONTRACT

We,	(group) and Ski Br	ule agree upon the following services
and conditions on	(date of contract).	Type of Package:
Date of Reservation: Arrive:		Depart:
Amenities and services include	ed in this package are detai	led in the attached worksheets.
actual number of participants f the deposit for the difference. The balance of Holiday Season re original number or the actual num	From the guaranteed number The balance of Midweek/Disc eservation is due 10 days prion ther, whichever is greater. Ex	nfirmed by Any differences in the r (after the confirmation date) will result in the loss of ount and Prime Season reservation is due upon arrival. It to arrival. The balance is paid in full based on the very attempt will be made to accommodate a larger list of specific lodging and a description of the units will
Specific rooming assignment is the Specific chalet assignment is the Valley Management at check in. cancelled 30 days prior to arrival refundable.	responsibility of Brule Valley Cancellation Policy: deposits. Reservations cancelled with	

Change Over Rooms: Up to two change over rooms may be assigned to your group if requested. Assignment of change over rooms will be made seven days in advance of check out. All items will be removed from groups lodging units and placed in change over units. Ski Brule and Brule Valley Management assume no responsibility for these items. If nobody is checking into a property on your day of departure, a late check out will automatically be extended to the group (5:00 PM).



Tickets & Activity Passes: The group representative will receive tickets and activity passes at check in time. These should be treated as cash and the group representative assumes responsibility for them. Lost tickets or activity passes will not be replaced. Unused tickets and passes are non-refundable.

during our relationship and stay a	at Ski Brule.		
Group Name:	Contact:		
Address:			
City:	State:	Zip:	
Work Phone:	Home Phone:		
Alt Phone:	Email:		
Group Representative Signature:			
Additions or Changes:			
Date:			
alets:			