



MINNESOTA WING CIVIL AIR PATROL CONFERENCE
3-5 MAY 2002

ROOM RESERVATION FORM

Conference attendees are responsible for making their own lodging reservations. Please Mail or Fax this form with the First nights lodging deposit plus 6.5% Minnesota State Sales Tax for each room reserved to: Group Reservations, 9252 Breezy Point Drive, Breezy Point MN 56472 or fax to 218-562-4510 not later than April 1, 2002.

Phone reservations will NOT be accepted. Reservations made after April 1, 2002 are on space availability basis for the conference rates.

Please Print:

NAME _____ HOME PHONE _____

BILLING ADDRESS _____ BUSINESS PHONE _____

CITY _____ STATE _____ ZIP _____

E-mail address _____

I would like a Smoking Room Non-Smoking Room Handicap accessible Room

For the Type and Cost of lodging, I have indicated the number of rooms and number of people:

Number of Rooms Requested	Number of People per Room	Location	Type	Occupancy	Cost per Night	Cost with 6.5%Tax
		Breezy Center	2 Doubles	1-4	\$66.50	\$70.83
		Breezy Point Inn	2 Queens	1-4	\$66.50	\$70.83
		Breezy Point Inn	1 King & Hide-a-Bed	1-4	\$66.50	\$70.83
		Breezy Center Suites	2 Doubles & Hide-a-Bed	1-6	\$87.50	\$93.19
		Lodge Apartments	2 Double, Hide-a-Bed & Kitchenette	1-6	\$87.50	\$93.19
		Breezy Point Inn Suites	1 King & Hide-a-Bed	1-4	\$87.50	\$93.19

Your first nights lodging plus 6.5% Minnesota State Sales Tax must accompany this form - either in a check or your credit card information.

I have enclosed a check payable to "Breezy Point Resort" in the amount of \$ _____

Debit Credit Card (choose one): Visa MasterCard American Express Discover Diners Club

Print Name (exactly as on card) _____

Card # _____ Expiration Date _____

Signature (legible) _____

A written confirmation of accommodations will be sent prior to your arrival date. A \$25 service charge is made for cancellations before April 1, 2002. After that date no refunds will be allowed for no shows or cancellations. A major credit card or payment in full is required at time of check in.

ACCEPTANCE SIGNATURE: I fully understand and accept Breezy Point Resort's cancellation, early departure and refund policies. * Incomplete forms will not be processed.

Signature: _____

<p>RESORT USE:</p> <p>Total Deposit Enclosed/Charged is \$ _____ per room for _____ rooms = \$ _____.</p>
