

**OVERNIGHT  
PROGRAM  
REGISTRATION  
FORM**

**ICEBREAKER MACKINAW MARITIME MUSEUM, INC.**  
PO Box 39, Mackinaw City, MI 49701  
Phone 231.436.9825 (office)  
www.themackinaw.org



**SECTION 1: GROUP CONTACT INFORMATION**

Group Name	
Street Address	
City/State/Zip	
Organization Phone Number	
Organization Website Address	
Contact Person Name	
Contact Person Cell Number	
Contact Person Email Address	

**SECTION 2: VISIT INFORMATION**

Arrival Date (mm/dd/yyyy)	
Departure Date (mm/dd/yyyy)	
Group Size (#)	Total number in Group _____
Adult/Minor Mix (#)	Number of Adults _____ Number of Minors _____
Age Range of Minors (#)	Youngest _____ Oldest _____
Cost/Per Person (✓)	\$25/pp _____ (Mon-Thu) \$30/pp _____ (Fri-Sun)
Total Amount Due for Group (#)	Total Due = \$ _____ Note: Payment due at beginning of scheduled visit.

NOTE: A \$250 deposit is required when a reservation is made. Deposit is refundable until 14 days before scheduled visit.

**SECTION 3: INSURANCE INFORMATION REQUIRED FOR WORK CREWS ONLY**

Is the group insured? (✓)	Yes _____ No _____
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NOTE: Insured groups must provide Certificate of Insurance listing IMMM, Inc. as Additional Insured prior to arrival.

**SECTION 4: AUTHORIZED SIGNATURE OF GROUP LEADER**

I have read, understand and agree our group will abide by the IMMM, Inc. Overnight Program Rules and Guidelines.

_____ Authorized Signature	_____ Printed Name	_____ Date
_____ IMMM Representative	_____ Date	_____ Deposit Received/Reservation Confirmed