2025 APPLICATION

For History Nights at Michilimackinac

(All information will be sent to the name and address below. This person is responsible in making contact with chaperones and students.)

Name (Contact Person):		
School:		Grade:
Address:		
City:		State:Zip:
Phone No:		Fax No:
Email Address:		
Special Needs of any Stud	dents (allergie	es, disabilities, etc.):
No. of Students:	_ x \$55	= \$
No. of Adults*: 4 or 5	@ \$40	= \$ <u>160 or 200</u> (circle one)
	TOTAL:	: \$ (<u>minimum \$800</u>)
*4 adults are required. May add $\underline{\mathbf{c}}$	one more adult (fo	or pictures, video, etc.) for extra \$40. May NOT exceed 5 adults.
choices may not be available for the programs.	ole. Please call	une 5, 2025. Specify your choice of dates below, as some Craig Wilson at 231-436-4100 to ask for available dates
		al of complete application.
1st Choice:		
2 nd Choice:		
3 rd Choice:		
Send complete application	n <u>with deposi</u>	it (\$400) to Mackinac State Historic Parks Overnight Programs – Craig Wilson

Complete applications are accepted on a first-come, first-served basis. An application is considered complete only with deposit. Deposit will not be cashed until program is confirmed. Payment in full is due two weeks prior to scheduled program. Email is wilsonc20@michigan.gov

P.O. Box 873, Mackinaw City, MI 49701