**NOTE**

It is important that you send your deposit in ASAP and not wait until the Deposit Due Date. This trip will fill up quickly. It received one of the most requests from our travelers. If something unforeseen happens, refunds can be given up to the balance date. Insurance is available upon request.
MACKINAC ISLAND Michigan
"...Somewhere in time!"

Including FRANKENMUTH &
THE UPPER PENINSULA

7 DAYS - 6 NIGHTS

JUNE 14 - 20, 2020

$817.00 per person
double occupancy
$1,116 single

PACKAGE INCLUDES:
* 6 Nights lodging, including overnights
* 6 Breakfasts
* 1 Lunch
* 4 Full course dinners, including Soo Locks Dinner Cruise
* Bronner's Christmas Wonderland
* Frankenmuth Village Shops
* Carriage Tour of Mackinac Island
* Hydro-jet Ferry Ride
* Visit to Grand Hotel
* Tahquamenon Falls
* Great Lakes Shipwreck Museum
* Kewadin Shores Casino
* Cross in the Woods
* Souvenir gift
* Luggage handling in Michigan
* All taxes and meal gratuities
* Motorcoach transportation

Cancellation insurance available upon request

FOR INFORMATION AND RESERVATIONS CONTACT:

NYSUT - RC 12
Phyllis Nicolella
14 Wells St.
Gloversville, NY 12078
(518) 725-4060
Reservation Forms

Mackinac Island Michigan including Frankenmuth &
The Upper Peninsula
June 14-20, 2020

*PLEASE NOTE: Forms are in reverse order for ease in cutting and sending to:
Dolores L. Talmadge, 206 Main Street, Fort Plain, NY 13339.
Phone #: (518) 993-2854. E-mail: doloresltalmadge@gmail.com.

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**BALANCE:** $700 each (double) $1,000 each (single) **DUE:** April 20, 2020

Name(s)____________________________________________________

Address:__________________________________________________ Hm. Phone:________________________

__________________________________________ Cell Phone:________________________

E-mail:________________________________________ Amount enc.:________________________

Check #:________________________ Payable to: NYSUT RC 12 Date:______________

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**DEPOSIT:** $117 each (double) $116 (single) **DUE:** March 6, 2020

Name(s)____________________________________________________

Address:__________________________________________________ Hm. Phone:________________________

__________________________________________ Cell Phone:________________________

E-mail:________________________________________ Amount enc.:________________________

Check #:________________________ Payable to: NYSUT RC 12 Date:______________

**SPCIAL REQUESTS:**

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