



To request overnight accommodations, complete this form and e-mail it by **12/31/24** to: **GroupBlockReservations@sagchip.org**. Be sure to enter your information clearly and fill out the form completely.

***** Limit of One (1) room per Group Reservation Request Form & no more than Five (5) rooms per Guest per e-mail. *****

Soaring Eagle reserves the right to deny room requests violating this restriction.

Michigan Infrastructure & Transportation Association
Arrive: Tuesday, January 21, 2025 - Depart: Friday, January 24, 2025

Name of guest(s) occupying the room: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone#: (_____) _____ E-Mail Address: _____

Arrival Date: _____ Departure Date: _____
Check-In time is after 4:00 p.m. Check-Out time is prior to 11:00 a.m.

Rank the room type you would prefer. We cannot guarantee bedding preference. (Mark 1st and 2nd choice)

All requests are noted but we cannot guarantee which room type you will receive. We will do our best to accommodate all of your requests.

**** Rates quoted are per night. ****

_____ (\$149.00) First Class Room – 1 King Bed (max. 2 guests) There will be a \$10.00 per person charge nightly for the
_____ (\$149.00) First Class Room – 2 Queen Beds (max. 4 guests) third and fourth persons in a room over the age of 17.

If First Class Rooms are not available, are you willing to accept an upgraded room up to a maximum of \$229.00?
Yes No

If rooms are not available at the Casino, are you willing to accept a room at the Soaring Eagle Waterpark & Hotel 1½ miles away?
(Complimentary shuttle service is provided at no cost.)
Yes No

Circle any special requests you have for your accommodations.

Barrier Free Room Accessible Shower Hearing Accessible

How many adults in this room? _____ How many children? _____ Ages of children: _____

All rates are subject to a Tribal tax and a Resort Fee. If this reservation is being paid for by tax exempt organization funds, then a copy of the Sales Tax Exemption Certificate form #700 generated by the Saginaw Chippewa Indian Tribe (SCIT) must be sent with the accompanying reservation request form. Form #700 must be in the organization's name. For information on how to apply for tax exemption with the SCIT, visit our website www.SoaringEagleCasino.com and click on Sales, then Conferences. Tax exempt reservations cannot be paid for with personal funds. Tax exempt status must be resolved three (3) business days prior to the day of arrival.

A valid credit card number must be provided at the time of booking. Credit cards will not be charged until arrival or in the event of a no show/late cancellation. Reservations must be cancelled one (1) day prior to arrival & guests must check in by midnight day of arrival. Failure to do so will result in the credit card being charged in the amount of one night stay. Changes and cancellations must be made by calling the Reservations Department at 877-232-4532.

Credit Card Number: _____

Expiration Date: _____ Name of Cardholder (Printed): _____

Will the Cardholder be present at check-in? _____
If they will not be present at check-in, the Cardholder will need to call the Reservations Department once you have confirmation number & provide their verbal authorization of charges to this card.

Once a room has been reserved, you will receive a confirmation letter at the e-mail listed above within 3 business days.

Make sure your group reservation request reaches the Resort by **12/31/24**. After that date, or should the Group Block be filled, rooms will be reserved based on availability and Group rates cannot be guaranteed.