



**SUMMIT VILLAGE**  
SHANTY CREEK RESORTS®

Juvenile Justice Association of Michigan (553240)  
September 10, 2024 – September 13, 2024

**Reservations Must Be Received By: August 10, 2024**

Reservation requests received after this date will still be accepted provided rooms are available.

**PLEASE RETURN THIS FORM BY MAIL OR FAX TO:**

Reservations Department • Shanty Creek Resorts  
5780 Shanty Creek Road • Bellaire, MI 49615  
Fax: 231.533.2050  
Check-in begins at 5pm, Check-out is 12 Noon.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Confirmation Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

You are welcome to arrive early or extend your stay following this scheduled event. At times, specified accommodations are not available prior to or following your event. If the room type requested is not available, we reserve the right to assign the next available room type and rate.

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_ # Adults: \_\_\_\_\_ # Children: \_\_\_\_\_

**2 Night Package:**

Quantity	Room Type	1 Adult	2 Adults
	Guest Room (2 Beds)	\$263	\$173
	Studio Parlor (King Bed)	\$311	\$197

**3 Night Package:**

Quantity	Room Type	1 Adult	2 Adults
	Guest Room (2 Beds)	\$354	\$218
	Studio Parlor (King Bed)	\$425	\$253

The above rates are per person, per stay and include: 2 or 3 nights lodging, 1 lunch and 1 dinner, unlimited use of the Fitness Center, complimentary shuttle, dining gratuities and taxes.

IF YOUR ORGANIZATION IS STATE TAX EXEMPT YOU MUST FURNISH A COPY OF FORM 3372 MI SALES AND USE TAX CERTIFICATE OF EXEMPTION WHEN MAKING YOUR RESERVATION.

THIS FORM MUST BE MAILED, FAXED or EMAILED TO SCRRESERVATIONS@SHANTYCREEK.COM TO RECEIVE THE DISCOUNTED GROUP RATES.

**Deposit Policy:** A personal credit card must be on file to guarantee your room. Card will only be charged if cancellation occurs AFTER the 5 day deadline, or in the event of a "No Show". A Reservations Agent will call within 24 hours of receiving your form to obtain the credit card number. Reservations that are not guaranteed with a credit card may be subject to cancellation.

**Cancellation Policy:** Cancellation must take place at least 5 days prior to arrival. Your personal credit card will be charged in the amount of the 1st night's lodging for cancellation occurring after the 5 day deadline or a "No Show".

Use of Debit cards at the resort for lodging or deposits may cause your financial institution to put a hold on your account for the total amount of the stay plus \$50.00 per stay for incidental charges. The resort is not responsible for returned check fees resulting from this practice by your financial institution.

**NOTE:** Shanty Creek Resort is now a cashless facility. Please plan payment arrangements accordingly. For more details, visit: <https://www.shantycreek.com/shanty-creek-is-now-cashless>

Do you have any special lodging requests?

Barrier Free: \_\_\_\_\_ Other (Please Indicate): \_\_\_\_\_

We do our best to honor special requests, however we cannot guarantee them.

FOR QUESTIONS OR FOR MORE INFORMATION, PLEASE CALL **866-695-5012**

# Michigan Sales and Use Tax Certificate of Exemption

This exemption claim should be completed by the purchaser, provided to the seller, and is not valid unless the information in all four sections is complete. Do not send a copy to Treasury unless one is requested.

## SECTION 1: TYPE OF PURCHASE

Check one of the following:

- A. One-Time Purchase  
Order or Invoice Number: \_\_\_\_\_
- C. Blanket Certificate  
Expiration Date (maximum of four years): \_\_\_\_\_
- B. Blanket Certificate. Recurring Business Relationship

The purchaser completing this form hereby claims exemption from tax on the purchase of tangible personal property or services purchased from the seller named below. This claim is based upon: the purchaser's proposed use of the property or services; OR the purchaser's exempt status.

Seller's Name and Address

Trinidad Resort & Club, LLC DBA: Shant Creek Resorts 5780 Shant Creek Rd, Bellaire, MI 49615

## SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

Check one of the following:

1.  All items purchased.
2.  Limited to the following items: \_\_\_\_\_

## SECTION 3: BASIS FOR EXEMPTION CLAIM

Check one of the following:

1.  For Lease. Purchaser will lease the property and elects to pay tax based on rental receipts. Enter sales tax license or use tax registration number: \_\_\_\_\_
2.  For Resale at Retail. Enter Sales Tax License Number: \_\_\_\_\_
3.  Direct Pay - Authorized to pay use tax on qualified transactions directly to Michigan Treasury under account number: \_\_\_\_\_

The following exemptions DO NOT require the purchaser to provide a number:

4.  Agricultural Production. Enter percentage: \_\_\_\_\_%
5.  Government Entity (U.S. or its instrumentalities, State of Michigan or its political subdivisions), Nonprofit School, Nonprofit Hospital, Church or House of Religious Worship (circle type of organization)
6.  Contractor (provide *Michigan Sales and Use Tax Contractor Eligibility Statement* (Form 3520)).
7.  For Resale at Wholesale.
8.  Industrial Processing. Enter percentage: \_\_\_\_\_%
9.  Nonprofit Internal Revenue Code Section 501(c)(3), 501(c)(4), or 501(c)(19) Exempt Organization.
10.  Nonprofit Organization with an authorized letter issued by Michigan Department of Treasury prior to July 17, 1998 (sales tax) or June 13, 1994 (use tax).
11.  Rolling Stock purchased by an Interstate Motor Carrier.
12.  Other (explain): \_\_\_\_\_

## SECTION 4: CERTIFICATION

*I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.*

Business Name		Type of Business (see codes on page 2)	
Business Address		City, State, ZIP Code	
Business Telephone Number (include area code)		Name (Print or Type)	
Signature		Title	Date Signed