MACKINACISLAND Grand Experience october 13-16, 2026







ENJOY THE BEST OF MACKINAC ISLAND!

<u>Included in your trip:</u>

- •Accommodations at Grand Hotel (rooms are luck of the draw), including baggage handling and taxes
- Deluxe Motorcoach transportation to and from the Novi Civic Center
- □Full breakfast each morning and five-course meal each evening
- □Full buffet lunch upon arrival. Boxed lunch on the way home.
- Tea and cookies each afternoon
- Special champagne reception
- Nightly demitasse

Triple: \$1195/pp

- Nightly dancing with the Grand Hotel Orchestra
- Grand Hotel history lecture
- Carriage Tour of the island
- Tournaments (bocce, golf putting and chipping)
- ^aSelf guided walks, writing contests, movies, daily activities, bingo, and evening entertainment
- □Round trip ferry tickets and horse drawn taxi to and from Grand Hotel □Discounts on bicycle rental, golf, photos and fudge

Price

Novi Resident	Non-Resident	
Single: \$1580/pp	Single: \$1738/pp	\$450 per person due upon registration.
Double: \$1295/pp	Double: \$1425/pp	Balance due August 7, 2026.

Triple: \$1315/pp

Please complete the back of this form and mail/deliver it to the Novi Civic Center. Make checks payable to: City of Novi. **Call 248.347.0414 for more information.**





This trip is offered for adults ages 50+.



MACKINAC ISLAND – GRAND EXPERIENCE October 13-16, 2026

Registration Form

Name	Pho	one ()
Address	City	ZIP
Birthdate//	Email address	
Please check: Single [Double Triple Do you re	equire a low rider carriage?
How would you like your no	ame to appear on your name bo	adge?
Roommate Name(s)		
Do you have any medical	concerns we should be aware o	of?
understand the risk involved with m bones, and other injuries, damages resulting from my, or my child's, par release and discharge the City of N liability for any injury (including but I, or my child, may have or incur as the City and its officers, agents, em suffered by me or my child as a result of the control of the	ent/legal guardian of a registered participarty, or my child's, participation in this activity, s, or losses. I hereby agree to assume all risk officipation in this activity or event and the uselovi, its officers, agents, employees, volunteer not limited to death, damages, or loss, that a participant in the listed activity or event, ployees, volunteers, sponsors, and organize pult of, or in any way connected to, my or my on of Risk shall be binding upon my heirs and give my consent for the City of Novi to use sponsored program or event in future markets.	e photos/video coverage of myself and/or minor ceting materials. I acknowledge those pictured will n 18 years of age. I acknowledge event attendees
	affect my or my child's ability to participate	a and do/does not have any signs or symptoms of e in the listed activity or would lead to the
All participants are expected to tre and any behavior that is destructive in disciplinary action, including but involvement of law enforcement. It use its sole discretion in determining severity of the conduct to maintain conduct are encouraged to report	eat others with courtesy and respect. Harassi e, dangerous, or disruptive are strictly prohit not limited to warnings, removal from the p Participants will receive written notification of g the appropriate disciplinary actions for an a safe and respectful environment. Particip	welcoming environment for all program participants sment, intimidation, vulgar or abusive language, bited. Violations of this Code of Conduct may result program or premises, suspension of privileges, or of any such action taken. PRCS reserves the right to be violations, taking into account the nature and pants who witness or experience inappropriate safety and well-being of all participants, PRCS may his Code of Conduct at any time.
to travel. Be sure to pick up the trav be purchased within a specified tim	vel insurance paperwork when you make th	I in the case of an emergency, and you are unable ne deposit. Insurance companies require policies to anditions. I understand I DO NOT receive a refund istrative fee, per person will be deducted.
Please check: YES, I v	will purchase my own insurance	NO, I do not want insurance

Signature _____ Date ____