## 2026 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:	Grade:	
Address:				
City:		State:	Zip:	
Phone No:		Fax No:_	Fax No:	
Email Address:				
Special Needs of any Stu-	dents (allergies,	disabilities, etc.):_		
No. of Students:	_ x \$65	= \$		
No. of Adults*: 4 or 5	<b>@</b> \$45	= \$ <u>180 or 225</u> (	circle one)	
	TOTAL: \$	( <u>min</u>	<u>imum \$800</u> )	
*4 adults are required. May add	one more adult (for p	pictures, video, etc.) for	extra \$45. May NOT exceed 5 adults.	
	vailable. Please grams.	call Craig Wilson	your choice of dates below, as at 231-436-4100 to ask for eation.	
1 <sup>st</sup> Choice:		<del> </del>	<del></del>	
2 <sup>nd</sup> Choice:				
3 <sup>rd</sup> Choice:				
Send complete application	n <u>with deposit (</u>	Overnigh	c State Historic Parks t Programs – Craig Wilson 873, Mackinaw City, MI 49701	

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