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	@ \$45	= \$ <u>180 or 225</u> (ci	rcle one)	
	TOTAL: \$	(<u>mini</u>	mum \$800)	
*4 adults are required. May add	one more adult (for p	pictures, video, etc.) for ex	stra \$45. May NOT exceed 5 adults.	
Program dates available fr some choices may not be a available dates for the prog Dates are not guaranteed	vailable. Please grams.	call Craig Wilson at		
1 st Choice:		-		
2 nd Choice:				
3 rd Choice:				
Send complete application	n <u>with deposit (</u>	Overnight	State Historic Parks Programs – Craig Wilson 373, 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