

Program Contract

School Groups

Nicole Munthe	nicole.munthe@isd709.org	
Homecroft Elementary	Is the Coordinator's name correct? If not, please correct below:	
4784 Howard Gnesen Rd, Duluth MN 55803	New Coordinator name:	
	Email Address:	

Deposit: You have made a reservation to stay for March 4, 2026 - March 6, 2026 with 105 participants. To hold your reservation we require a deposit of \$1,575.00. **This contract is valid for 30 days after receipt.**

Cancellation Policy: Cancellations require 60 days' notice prior to your scheduled arrival date to receive a full deposit refund. *Notify us immediately if you need to cancel this reservation.

By signing below, I agree to the terms listed above:

Printed Name: Simone Tunich	Title: Exec. Bir. Business Services		
Signed Name . Shuch	Date		
Billing Contact: AP Billing email address: Op. Vendor @ibd 709. Org.	Billing Address: 709 Ponsa Johnson Prive Buwn MN 55811		
Cardholders Name: [] same as billing contact	Cardholders address: [] same as billing address		
Credit Card #	Exp Date:	cvv:	
If unable to pay at this time, when can we expect your deposit?			

Return to: 6282 Cranberry Rd - Finland, MN 55603 or fax to: 218-353-7762

Today's Date: October 21, 2025