

GROUP INFORMATION

Group Name _____
 Conference Name _____
 A-Backer _____ C-Backer _____
 Description and Purpose of Conference _____
 Meeting Planner's _____ Name On-site, in charge _____
 Meeting Planner's Telephone _____ Fax# _____
 Meeting Planner's E-Mail _____
 Total Number of Participants: _____ Staff _____ Presenters _____ Spouses _____ Children _____ Day
 Where Participants are from _____

PLANNING TIMELINES

Item

Recreation Billing Sheet		
Reservation Form	4-6 months prior	_____
Housing List or Master Account List	45 days prior	_____
Tentative Agenda	45 days prior	_____
Final Agenda/Program Proof	30 days prior	_____
Final Planning Information	30 days prior	_____
Meal Guarantees (if applicable)	72 hours prior	_____

Planner's Arrival Time _____ **Entry Meeting** _____
Participants' Arrival Time _____ / _____ / _____ at _____ (Time)
Participants' Arrival By Cars _____ Buses _____ Location unload _____ Here overnight _____
 Carpool/Van _____ Require pickup at Brainerd Airport? ___ Y ___ N If yes, charge to Master Account? ___ Y ___ N

Lodging Registration Normal at the Front Desk _____ Remote Location _____
 Conference registration ___ Y ___ N ___ Lobby Furniture Removal? ___ Y ___ N ___ Remote Location
 Equipment needed: _____

NAME BADGE SYSTEM

Red Stripe Badge _____
 Red/Green Striped Badge _____
 All participants may charge to the Master Account? ___ Y ___ N
 Pager _____

PRINTED AGENDAS & RESERVATION FORMS

Res. Form: _____ Cragun's _____ Doing Own _____ Rec'd _____ Date _____ Rev. By _____ Copy Atch.
 Agenda: _____ Cragun's _____ Doing Own _____ Rec'd _____ Date _____ Rev. By _____ Copy Atch.
 Company Logo Available to E-Mail ___ Y ___ N Company Colors _____

MEETING ROOM ARRANGEMENTS

General Session Locations _____

Breakout Rooms Locations _____

Physically impaired participant: ___ Yes ___ No

Other _____

Classroom (Tables & Chairs – 4 per 8-foot table) Theater (Chairs Only)

U-Shape Hollow Square/Rectangle Conference

Meeting Materials

Will meeting materials be shipped to Cragun's prior to the conference? By whom? When?

Company and Date _____

Location Materials to be Stored _____

SPECIAL ARRANGEMENTS

Vendors ___ Y ___ N Location _____

Pipe & Drape ___ Y ___ N Sign/Banners _____

Set-up Date /Time _____ Tear Down Date/Time _____

Phones Lines/Electrical Needs _____

HOUSING

Spec. Requests: Mobility Impaired ___ Y ___ N All No-Smoking Rooms ___ Y ___ N Pre-Assigned Rooms ___ Y ___ N

Other _____

VIPs ___ Y ___ N Names _____

Master Bill List Rec'd? ___ Y ___ N

Bus Driver ___ Y ___ N Meals/Lodging _____ Who Pays _____

Gifts/Deliver ___ Y ___ N Time/Date _____ Del. By _____

Luggage Handling ___ Y ___ N Time/Date _____

Early Arrival Rate _____ Stayover Rate _____

Payment:

Master Bill _____ Master Bill _____

Pay Own _____ Pay Own _____

ENTERTAINMENT

Bear Trap Promoted Y N w/Entertainment Y N
 Who hires and pays: Group Cragun's Make check payable to: _____
 Time: Setup/Tear Down _____
 Meals for Entertainment Y N Lodging for Entertainers Y N

BARS – SOCIAL HOUR (BEAR TRAP, LEGACY, ROOKERY LOUNGE)

Private: Y N Location _____ Bars/Bartenders Required _____
 Payment: Ticket _____ Master Tab _____ Cash _____

HOSPITALITY ROOM(S)

Location _____ Items _____
 Gathering Room: Location _____ Items _____
 Waiver Y N Insurance (w/Cragun's Listed) Y N

RECREATION

Spouse Program Y N Camp Cragun's Y N Teen & Family Y N
 Babysitting List Sent Y N
 Rec. Staff Needed Y N Number _____ Time/Location _____
 Tourn./Team Bldg. Y N _____
 Bonfire Time/Location Y N Time/Location _____ Who builds _____ Who lights _____
 Bev./Smores/Sticks Items Y N Items _____
 Hayride Pick-up Y N Pick-up Location _____ Time/Date _____
 Fishing Guide(s) Y N Who Pays _____
 Fishing Lic. Needed Y N Who Pays _____
 Dog Sled Rides Y N Who Pays _____
 Massages Y N Who Pays _____
 Snowmobiles Y N Who Pays _____
 Guided Tour Y N _____
 Legacy Golf Y N Location _____ Who pays _____
 With clinic Y N Transportation Needed: _____ Y N
 Pick-up Location _____ Drop-off location _____

FOOD ARRANGEMENTS

Group _____ Dates _____

Group Make-up #% Male _____ #% Female _____ Children/Ages _____ Total _____

Orientation: Family _____ Lite Fare _____ Heavy Fare _____ Guaranteed Numbers Exp. _____

DAY 1 Day _____ Date _____ Meals Included: B L S

TIME LOCATION OTHER

MENU: B (Continental) _____

L (Box Lunch) _____

S (Private/Hors d'oeuvres) _____

Awards Banquet ____ Y ____ N Program ____ Y ____ N Arr. All at Once/Staggered Early Open/Late Close

Buffet/# Serving Lines ____ Sit-down: Combo/3 Choice Theme Dinner _____

Desserts: Table _____ Served _____ Wine Service _____ Offer After-Dinner Drinks _____

Other Notes: _____

DAY 2 Day _____ Date _____ Meals Included: B L S

TIME LOCATION OTHER

MENU: B (Continental) _____

L (Box Lunch) _____

S (Private/Hors d'oeuvres) _____

Awards Banquet ____ Y ____ N Program ____ Y ____ N Arr. All at Once/Staggered Early Open/Late Close

Buffet/# Serving Lines ____ Sit-down: Combo/3 Choice Theme Dinner _____

Desserts: Table _____ Served _____ Wine Service _____ Offer After-Dinner Drinks _____

Other Notes: _____

DAY 3 Day _____ Date _____ Meals Included: B L S

TIME LOCATION OTHER

MENU: B (Continental) _____

L (Box Lunch) _____

S (Private/Hors d'oeuvres) _____

Awards Banquet ____ Y ____ N Program ____ Y ____ N Arr. All at Once/Staggered Early Open/Late Close

Buffet/# Serving Lines ____ Sit-down: Combo/3 Choice Theme Dinner _____

Desserts: Table _____ Served _____ Wine Service _____ Offer After-Dinner Drinks _____

Other Notes: _____

SECURITY

Extra Security Y N _____

Directional Security Y N _____

Parking Help Needed Y N Date/Time _____

Special Surveillance Y N For vendor tables or special equipment that requires watching.
Date/Time _____ Location _____

SPECIAL FUNCTION

Date/Time _____

Close: Y N Time _____

After Hour Party Y N Location _____

Student Group Y N Curfew Time _____

COMMENTS FOR NEXT STAY:

SALES COMMENTS:

MAILINGS AND PROMOTIONS:

	1st Mailing	2nd Mailing	3rd Mailing	4th Mailing
How Many?	_____	_____	_____	_____
When?	_____	_____	_____	_____
What Material?	_____	_____	_____	_____
Who Pays?	_____	_____	_____	_____
Who Sends?	_____	_____	_____	_____
E-Mail?	_____	_____	_____	_____

Additional Information:
