

Camp Dixon 2010 Family Registration Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____

(Confirmation to be sent via email)

LODGING:

Pond Side & Hillside Cabins Thursday Friday Saturday

- Minimum cabin occupancy of 5 is required
- \$50.00 per night.
- Occupancy required at least two nights

Cabin total: _____

Motel Style Rooms Thursday Friday Saturday

- \$30.00 per room/per night. Each room has one double bed.

Motel total: _____

**Campsites;
with electricity & water** Thursday Friday Saturday

- \$18.00 per night

Campsite total: _____

**Campsites;
without hookups** Thursday Friday Saturday

- \$ 12.00 per night

Campsite total: _____

Meal Plan:

Option 1 - (**Thursday** - Dinner; **Friday** - Breakfast, Lunch, Dinner; **Saturday** - Breakfast, Lunch, Dinner)

7 meals served in the dining hall

of people _____ X \$38.00 =

Meal total: _____

Option 2 - (**Friday** - Dinner; **Saturday** - Breakfast, Lunch, Dinner)

4 meals served in the dining hall.

of people _____ X \$22.00 =

Meal total: _____

Family Registration Fee:

\$ 25.00 per family; Total # in family attending: _____

_____ \$ 25.00

TOTAL ENCLOSED _____

Please return Family Registration Form and check or money order made payable to MHEA to:

Walter Locke

902 Cedarbrook Dr.

Oxford, Mississippi 38655

Registration deadline is October 6, 2010