

Camp Dixon Spring 2024 Family Registration Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____

(Confirmation to be sent via email, please **print legibly**)

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

\$ \$20.00 per night

Campsite total: _____

**Campsites;
without hookups** Thursday Friday Saturday

\$ \$ 17.00 per night

Campsite total: _____

Meal Plan:

The meal plan is not available this year.

Family Registration Fee (Overnight and Day Campers):

\$ 30.00 per family; Total # in family attending: _____ \$ 30.00 _____

Donation to MHEA* (not required to register for Camp Dixon): \$ _____

TOTAL ENCLOSED _____

Please return (1) Family Registration Form, (2) liability waiver, and (3) check or money order made payable to MHEA to:

Walter Locke
790 Highway 6 West
Oxford, Mississippi 38655
Registration deadline is April 17, 2024

*MHEA is a registered 501(c)(3) non-profit organization. All donations are tax deductible.