

SCHEDULING FORM



Please Print, complete and return or fax to:
 6791 Eagle Lake Shore Road
 Vicksburg, MS 39183
 (601) 279-4261
 fax: (601) 279-4227

LODGING

NAME OF GROUP: _____ CONTACT PERSON: _____

Billing Address: _____

Office phone: _____ Home phone: _____ Cell phone: _____ Fax: _____

Arrival Date: _____ Approximate Hour: _____

Departure Date: _____ Approximate Hour: _____

Number of Guests: _____ Female _____ Male _____ Total # Guests

Lodging, meals and activities are subject to 7% sales tax.

Daily Rates (Single Occupancy)	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Number Rooms Tara Lodge (\$90)	_____	_____	_____	_____	_____	\$ _____
Number Rooms Camp House (\$90)	_____	_____	_____	_____	_____	\$ _____
Number Rooms Tara III (\$90)	_____	_____	_____	_____	_____	\$ _____
Additional persons in room (\$15 each)	_____	_____	_____	_____	_____	\$ _____

Total Lodging: \$ _____

MEALS

Continental Breakfast: \$6, Full Breakfast: \$10, Lite Lunch: \$10, Regular Lunch: \$15, Supper: \$15, Steak Supper: \$25

Please circle the type requested for each meal.

DAY 1 (Date): _____ preferred time

↓

Breakfast (\$6) (\$10) _____ # of guests = \$ _____ AM

Lunch (\$10) (\$15) _____ # of guests = \$ _____

Supper (\$15) (\$25) _____ # of guests = \$ _____ PM

Total \$ _____ DAY 1

DAY 4 (Date): _____ preferred time

↓

Breakfast (\$6) (\$10) _____ # of guests = \$ _____ AM

Lunch (\$10) (\$15) _____ # of guests = \$ _____

Supper (\$15) (\$25) _____ # of guests = \$ _____ PM

Total \$ _____ DAY 4

DAY 2 (Date): _____ preferred time

↓

Breakfast (\$6) (\$10) _____ # of guests = \$ _____ AM

Lunch (\$10) (\$15) _____ # of guests = \$ _____

Supper (\$15) (\$25) _____ # of guests = \$ _____ PM

Total \$ _____ DAY 2

DAY 5 (Date): _____ preferred time

↓

Breakfast (\$6) (\$10) _____ # of guests = \$ _____ AM

Lunch (\$10) (\$15) _____ # of guests = \$ _____

Supper (\$15) (\$25) _____ # of guests = \$ _____ PM

Total \$ _____ DAY 5

DAY 3 (Date): _____ preferred time

↓

Breakfast (\$6) (\$10) _____ # of guests = \$ _____ AM

Lunch (\$10) (\$15) _____ # of guests = \$ _____

Supper (\$15) (\$25) _____ # of guests = \$ _____ PM

Total \$ _____ DAY 3

Total Meals: \$ _____

Special requests/Dietary considerations:

CONFERENCE CENTER

	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Conference Center \$350/day	_____	_____	_____	_____	_____	\$ _____
Snacks/Drinks \$5/person/day	_____	_____	_____	_____	_____	\$ _____

Total Conference Center: \$ _____

Seating/Table Arrangement ___ U-shape ___ Square ___ Rows ___ Rows with center isle

ACTIVITIES

***NO ALCOHOLIC BEVERAGES ALLOWED PRIOR TO OR DURING ANY FIREARMS-RELATED ACTIVITY.**

	Day 1	Day 2	Day 3	Day 4	Day 5		Total
*Sporting Clay - # participants (5 minimum)	_____	_____	_____	_____	_____	@ \$20/round/person	\$ _____
*Skeet - # participants (5 minimum)	_____	_____	_____	_____	_____	@ \$12/round/person	\$ _____
12 & 20 Ga. Shells - # boxes	_____	_____	_____	_____	_____	\$6/box	\$ _____
Canoeing - # participants	_____	_____	_____	_____	_____	\$25/two persons	\$ _____
Wildlife Tour - # Vehicles	_____	_____	_____	_____	_____	\$50/vehicle (6 people)	\$ _____
Open Air Bus Tour	_____	_____	_____	_____	_____	\$150 plus \$5.00 per person	\$ _____

Other: _____ \$ _____

Total Activities: \$ _____

Special Provisions or equipment needed: _____

TOTALS

Total Lodging: \$ _____

Total Meals: \$ _____ Staff Gratuity (optional): \$ _____

Total Conference Center: \$ _____

Total Activities: \$ _____

Subtotal: \$ _____ x 7% Sales Tax = TOTAL: \$ _____

GRAND TOTAL (Total + Gratuity): \$ _____

Please indicate method of payment: ___ Check ___ Cash ___ Credit Card

Form completed by: _____ Date: _____