



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 _____ EMAIL _____

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
# Rooms Single Occupancy (\$100)	_____	_____	_____	_____	_____	\$ _____
# Rooms Double Occupancy (\$140)	_____	_____	_____	_____	_____	\$ _____
Total Lodging: \$						_____

Meals

Breakfast: Continental \$9; Full Breakfast \$15

Continental include Cereals, Pastries, Limited Fruit, Juice, Coffee plus either a) Eggs or b) Sausage & Biscuit

Lunch: Regular \$12 (\$15 includes Dessert); Heavy Lunch with Dessert \$18

Dinner: Regular \$18; Steak Dinner or Smoked Ribs Dinner \$28 - All Dinners include appropriate Sides and Dessert

Reception/Social: Hors d'oeuvres \$2.50 p/p Date: _____ # of guests _____ **Reception \$** _____

Please circle the type requested for each meal.

DAY 1 (Date): _____ preferred time
 ↓
 Breakfast (\$9) (\$15) _____ # of guests = \$ _____ AM
 Lunch (\$12)(\$15)(\$18) _____ # of guests = \$ _____ :
 Supper (\$18) (\$28) _____ # of guests = \$ _____ PM
Total \$ _____ DAY 1

DAY 4 (Date): _____ preferred time
 ↓
 Breakfast (\$9) (\$15) _____ # of guests = \$ _____ AM
 Lunch (\$12)(\$15)(\$18) _____ # of guests = \$ _____ :
 Supper (\$18) (\$28) _____ # of guests = \$ _____ PM
Total \$ _____ DAY 4

DAY 2 (Date): _____ preferred time
 ↓
 Breakfast (\$9) (\$15) _____ # of guests = \$ _____ AM
 Lunch (\$12)(\$15)(\$18) _____ # of guests = \$ _____ :
 Supper (\$18) (\$28) _____ # of guests = \$ _____ PM
Total \$ _____ DAY 2

DAY 5 (Date): _____ preferred time
 ↓
 Breakfast (\$9) (\$15) _____ # of guests = \$ _____ AM
 Lunch (\$12)(\$15)(\$18) _____ # of guests = \$ _____ :
 Supper (\$18) (\$28) _____ # of guests = \$ _____ PM
Total \$ _____ DAY 5

DAY 3 (Date): _____ preferred time
 ↓
 Breakfast (\$9)(\$15) _____ # of guests = \$ _____ AM
 Lunch (\$12)(\$15)(\$18) _____ # of guests = \$ _____ :
 Supper (\$18) (\$28) _____ # of guests = \$ _____ PM
Total \$ _____ DAY 3

Total Meals: \$ _____

Special requests/Dietary considerations: (Please list food items & suggested substitutes for people with special considerations)

CONFERENCE CENTER

	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Rate: \$450/day (\$300 Half 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	_____	_____	_____	_____	_____	\$8/box	\$ _____
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: _____