

**Camp Dixon 2019
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; ☐ Thursday ☐ Friday ☐ Saturday

with electricity & water

\$ \$20.00 per night

Campsite total: _____

Campsites; ☐ Thursday ☐ Friday ☐ Saturday

without hookups

\$ \$ 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

TOTAL ENCLOSED _____

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

Walter Locke

790 Highway 6 West

Oxford, Mississippi 38655

Registration deadline is October 9, 2019