



# 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 (\$110)	_____	_____	_____	_____	_____	\$ _____
# Rooms Double Occupancy (\$150)	_____	_____	_____	_____	_____	\$ _____

**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 (\$16 includes Dessert); Heavy Lunch with Dessert \$20

**Dinner:** Regular \$24; Steak Dinner or Smoked Ribs Dinner \$38\*\* - Dinner includes appropriate Sides and Dessert \*\*Price may vary - depending on market prices at time of event

**Reception/Social:** Hors d'oeuvres \$3.50 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)(\$16)(\$20) \_\_\_\_\_ # of guests = \$ \_\_\_\_\_ :  
 Supper (\$24) (\$38) \_\_\_\_\_ # of guests = \$ \_\_\_\_\_ PM  
**Total \$ \_\_\_\_\_ DAY 1**

**DAY 4 (Date):** \_\_\_\_\_ preferred time  
 ↓  
 Breakfast (\$9) (\$15) \_\_\_\_\_ # of guests = \$ \_\_\_\_\_ AM  
 Lunch (\$12)(\$16)(\$20) \_\_\_\_\_ # of guests = \$ \_\_\_\_\_ :  
 Supper (\$24) (\$38) \_\_\_\_\_ # of guests = \$ \_\_\_\_\_ PM  
**Total \$ \_\_\_\_\_ DAY 4**

**DAY 2 (Date):** \_\_\_\_\_ preferred time  
 ↓  
 Breakfast (\$9) (\$15) \_\_\_\_\_ # of guests = \$ \_\_\_\_\_ AM  
 Lunch (\$12)(\$16)(\$20) \_\_\_\_\_ # of guests = \$ \_\_\_\_\_ :  
 Supper (\$24) (\$38) \_\_\_\_\_ # of guests = \$ \_\_\_\_\_ PM  
**Total \$ \_\_\_\_\_ DAY 2**

**DAY 5 (Date):** \_\_\_\_\_ preferred time  
 ↓  
 Breakfast (\$9) (\$15) \_\_\_\_\_ # of guests = \$ \_\_\_\_\_ AM  
 Lunch (\$12)(\$16)(\$20) \_\_\_\_\_ # of guests = \$ \_\_\_\_\_ :  
 Supper (\$24) (\$38) \_\_\_\_\_ # of guests = \$ \_\_\_\_\_ PM  
**Total \$ \_\_\_\_\_ DAY 5**

**DAY 3 (Date):** \_\_\_\_\_ preferred time  
 ↓  
 Breakfast (\$9)(\$15) \_\_\_\_\_ # of guests = \$ \_\_\_\_\_ AM  
 Lunch (\$12)(\$16)(\$20) \_\_\_\_\_ # of guests = \$ \_\_\_\_\_ :  
 Supper (\$24) (\$38) \_\_\_\_\_ # 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 \$10/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
*Skeet - # participants (5 minimum)	_____	_____	_____	_____	_____	@\$15/round/person \$ _____
12 & 20 Ga. Shells # boxes	_____	_____	_____	_____	_____	\$12/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: \_\_\_\_\_

(Payment by Credit Card subject to 2% processing fee)