

**CAMP MEETING — DAKOTA ADVENTIST ACADEMY
JUNE 8-12, 2010**

General information to make your stay more pleasant:

RESERVATIONS:

- Room assignments are on a first-come, first-served basis.
- Preference is given to full-time room reservations.
- Each room comes with two beds, two mattresses, two chairs, semi-private bath. Bedding and towels are **not provided**.
- A few refrigerators are available on a *first-come, first-serve basis* for \$20.00, payable in advance.
- Everyone must check in with **LOCATING** before moving into rooms, the campground or parking self-contained RV's.
- **CHECK IN TIME IS 12:00 PM ON TUESDAY, JUNE 9th. NO EARLY CHECK-IN PLEASE.**
- Only **FULL TIME** reservations will be accepted until **June 3rd**. After **June 4th** call Edith Priest **at 701.258.9000** to inquire about room availability.

MEALS: Contact the Business Office at DAA concerning meals in the cafeteria. A kitchenette is available in each dorm.

PARKING:

- Please observe all Parking Restrictions.
- You must have a current HC (Handicapped) Permit to park in the HC parking area. Check with Locating for permit.
- **DO NOT** park RV's behind the gym or ABC building. That area is reserved for ABC customer parking **ONLY!**
- **ALL** RV's, campers, tents & motor homes (including self-contained), must register and park in the designated areas.

FOR YOUR RECORDS:

Date reservation sent: _____

Amount sent: _____

Check #: _____

**PLEASE GIVE TEN DAYS NOTICE OF CANCELLATION
(BY MAY 21) FOR FULL REFUND**

**Keep this side for your records. Send other side along with
check to the address listed shown at right.**

**2010 CAMP MEETING RESERVATION
JUNE 8-12, 2010**

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____

ZIP: _____ **PHONE:** _____

NAMES OF PEOPLE SHARING ROOM: _____

FULL FEE TO BE SENT WITH RESERVATION

DORM ROOM: Full Time \$100.00 _____ Daily \$30.00 per day _____

REFRIGERATOR: \$20.00 _____

CAMPGROUND: Full Time \$50.00 _____ Daily \$15.00 per day _____
RV/Campers/Tents with Hook-ups

NO HOOK-UP: Full Time \$10.00 _____
Tent spaces or Self Contained RV's

MAKE & MODEL OF VEHICLES _____

LICENSE NUMBER: _____

MAKE CHECKS PAYABLE TO: Dakota Conference

Send to: CAMP MEETING RESERVATIONS
Dakota Conference
PO Box 520
Pierre SD 57501

***** **Office Use Only** *****

LOCATION: _____

AMT PAID: _____