



***Camp Cedar Falls Conference Center***  
 39850 State Hwy #38, Angelus Oaks, CA 92305  
 Phone: (909) 794-2911 Fax: (818) 546-8430  
 email: [campcedarfallsinfo@gmail.com](mailto:campcedarfallsinfo@gmail.com)  
 www.campcedarfalls.net



### Registration Information

Name of Group: \_\_\_\_\_ Retreat Dates: \_\_\_\_\_ to \_\_\_\_\_  
 Leader's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Lodging Reservations & Deposit

Please indicate lodge room preferences (i.e. 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> floor or room number)

Please indicate Duplex/HQ Apt Preferences

Please indicate Cabin Preferences (i.e. north village 18 beds, south village 24 bed, or cabin names)

**Cleaning and Security Deposit**  
 If staying in Cabins, enter 1000  
 If staying in Lodge, enter 2000

**TOTAL DEPOSIT = \$**

Payable to: Southern California Conference of SDA

*No deposit refund on cancellations or date changes requested less than 60 days prior to the reserved date.  
 Cancellations or date changes received 60 or more days prior to the reserved date, will receive a 50% deposit refund.*

### Facility Reservations Rates subject to change

<u>Meeting Areas</u>	<u>1-3 days rate</u>	<u>4-7 days rate</u>	<u>Capacity</u>	<u>Requested</u>
• Hoehn Auditorium (Nature Center)	\$350	\$500	350	
• Miller Brockett Room (Nature Center)	\$150	\$200	50	
• Lindegren Museum (lower Nature Center)	\$250	\$350	250	
• Upper Room A (above HQ)	\$150	\$200	50	
• Upper Room B (above HQ)	\$150	\$200	70	
• Upper Room C (above HQ)	\$150	\$200	60	
• Lodge Conf Room 1	\$350	\$500	135	
• Lodge Conf Room 3	\$100	\$150	25	
• Fire Bowl (fires allowed by permit only, must be out by 10PM)	\$75	\$100	400	
• Sound System	\$75	\$100		
• LCD Projector	\$75	\$100		

### Meal Count

Approximate Guest Count  
 (300+ may request exclusive use)

Please select day of 1st meal

Sunday  
 Monday Breakfast  
 Tuesday  
 Wednesday Lunch  
 Thursday  
 Friday Supper  
 Saturday

Please select last day with meal

Sunday  
 Monday Breakfast  
 Tuesday  
 Wednesday Lunch  
 Thursday  
 Friday Supper  
 Saturday

For Office Use Only	Date Received _____	Confirmed _____
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## Registration Checklist

Name of Group: \_\_\_\_\_ Retreat Date: \_\_\_\_\_

Leader's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Sponsoring Church or Organization: \_\_\_\_\_

Southern California Conference Member(s) :      Yes                      No

Please read and initial the following then mail completed checklist to Camp Cedar Falls.

\_\_\_\_\_ A)      **Deposit: Reservations are only held for 7 days without a deposit. Use the 1<sup>st</sup> page of this form to determine your deposit and send these forms with your deposit check made payable to Southern California conference of SDA. Amount paid \$\_\_\_\_\_ Date:\_\_\_\_\_**

\_\_\_\_\_ B)      **Payment Policy: Final accounting is due the day of departure by Cash or Check only. Make checks payable to Southern California Conference of SDA.**

\_\_\_\_\_ C)      **Guest List and Meal Count: You must contact Camp Cedar Falls, Seven (7) days before your retreat date with your guaranteed meal count and your guest list and to finalize all arrangements. There will be a \$50 charge for each lodge room reserved that is not used. No refunds on unused meals. Full day guests will be charged for three meals, even if you only order two meals a day.**

\_\_\_\_\_ D)      **On-site Coordinator: You will need to have an on-site coordinator for the weekend. This can be you or a designee. They would check-in the individuals in your group upon arrival and hand handout keys and meals tickets. All request for changes to accommodations need to go through the coordinator.**

\_\_\_\_\_ E)      **Insurance: A Certificate of Insurance (contact your insurance carrier) for one (1) million dollars per occurrence is required for all groups not affiliated with the Southern California Conference of SDA Church. Certificate is to list "Southern California Conference of SDA Church, and all employees and agents of Camp Cedar Falls" as additional insured. Uninsured guests must complete a "waiver" option before using Camp facilities.**

\_\_\_\_\_ F)      **Refund Policy: Deposit not refunded if retreat cancelled within 60 days of retreat date. Cancellations or re-booking received 60 or more days prior to retreat date, will receive a 50% deposit refund.**

\_\_\_\_\_ G)      I have read the "General Information & Policies" sheet and will share that information with my group. I shall insure my group adheres to the Camp Cedar Falls Policies.

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_