



Camp Cedar Falls Conference Center

PO Box 1134 Angelus Oaks, CA 92305
Phone: (909) 794-2911 Fax: (818) 546-8430
Email: campcedarfallsinfo@gmail.com
www.campcedarfalls.org



Registration Information

Name of Group: _____ Retreat Dates: _____ to _____ 20____

Leader's Name: _____ Guest Count: _____

Address: _____ Daytime Phone: _____

City: _____ Zip Code: _____ E-mail: _____

Lodging Reservations & Deposit

Lodge Room Preferences

- 1st Floor (4 people each)
- 2nd Floor (4 people each)
- 3rd Floor (6-8 people each)
- Other (specify) _____

Duplex/HQ Preferences

- Duplex A
- Duplex B
- HQ

Cabin Preferences

- Large Cabins
 - 4 Evergreen (18 people each)
 - 5 Broadleaf (18 people each)
 - 5 Mammals (24 people each)
 - 5 Birds (24 people each)
- Small Cabins (4 people each)
 - 5 Fish
 - 4 Forest Flowers
 - 5 Outer Space

Cleaning & Security Deposit

- Cabins (\$1000)
- Lodge (\$2000)
- Cabins & Lodge (\$2000)

Make checks payable to:

Southern California Conference of SDA

Cancellations or date changes received 60 or more days prior to the reserved date will receive a 50% deposit refund. No deposit refund on cancellations or date changes requested less than 60 days prior to the reserved date. Prime Summer Dates are Father's Day through Labor and will result in a 10% increase.

Facility Reservations

Meeting Areas

	Capacity	1-3 nights	4-7 nights
<input type="radio"/> Hoehn Auditorium (Nature Center)	350	\$385	\$550
<input type="radio"/> Miller Brockett Room (Nature Center)	50	\$165	\$220
<input type="radio"/> Lindegren Museum (lower Nature Center)	200	\$275	\$385
<input type="radio"/> Upper Room A (HQ)	50	\$165	\$220
<input type="radio"/> Upper Room B (HQ)	80	\$165	\$220
<input type="radio"/> Upper Room C (HQ)	60	\$165	\$220
<input type="radio"/> Lodge Conference Room 1	125	\$385	\$550
<input type="radio"/> Lodge Conference Room 3	25	\$110	\$165
<input type="radio"/> Fire Bowl (fires by permit only, must be out by 10PM)	400	\$82.50	\$110
<input type="radio"/> Sound System		\$82.50	\$110
<input type="radio"/> LCD Projector		\$82.50	\$110

Please select first meal

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Breakfast
- Lunch
- Supper

Please select last meal

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Breakfast
- Lunch
- Supper

For Office Use Only

Date Received _____

Confirmed _____



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Registration Checklist

Name of Group: _____ Retreat Dates: _____ to _____ 20____

Leader's Name: _____ Daytime Phone: _____

Southern California Conference Member: 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 1st page of this form to determine your deposit and send these forms with your deposit check made payable to Southern California Conference of SDA.
- ___ B) **Payment Policy:** Final accounting is due the day of departure by Cash or check only. Make chcks 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 guest list. 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 two meals.
- ___ 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 our group upon arrival and handout keys and meal tickets. All requests 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 al groups not affiliated with the Southern California Conference of SDA. Certificate is to list "Southern California Conference of SDA, and all employees and agents of Camp Cedar Falls" as additional insured. Uninsured guest 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 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: _____

For Office Use Only
Date Received _____
Confirmed _____