



Camp Cedar Falls Conference Center

PO Box 1134
Angelus Oaks, CA 92305
(909) 794-2911

campcedarfalls@sbcglobal.net

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. 1st, 2nd, 3rd floor or room number)

Please indicate Duplex/HQ Apt Preferences

Please indicate Cabin Preferences (i.e. north village 16 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)	\$385	\$550	350	
• Miller Brockett Room (Nature Center)	\$165	\$220	50	
• Lindegren Museum (lower Nature Center)	\$275	\$385	250	
• Upper Room A (above HQ)	\$165	\$220	50	
• Upper Room B (above HQ)	\$165	\$220	70	
• Upper Room C (above HQ)	\$165	\$220	60	
• Lodge Conf Room 1	\$385	\$550	125	
• Lodge Conf Room 3	\$110	\$165	25	
• Fire Bowl (fires allowed by permit only, must be out by 10PM)	\$82.50	\$110	400	
• Sound System	\$82.50	\$110		
• LCD Projector	\$82.50	\$110		

Meal Count

Approximate Guest Count
(300+ may request exclusive use)

Please select day of 1st meal

Sunday
Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Breakfast
Lunch
Supper

Please select last day with meal

Sunday
Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Breakfast
Lunch
Supper

For Office Use Only Date Received _____ Confirmed _____



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PO Box 1134, Angelus Oaks, CA 92305
Phone: (909) 794-2911 Fax: (909) 389-9241
email: campcedarfalls@sbcglobal.net
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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 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. 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: _____