

Camp Cedar Falls Conference Center

39850 State Hwy #38, Angelus Oaks, CA 92305

Phone: (909) 794-2911 Fax: (909) 389-9241

E-mail: campcedarfalls@sbcglobal.net

Group Information

Name of Group: _____ **Retreat Dates:** _____

Leader's Name: _____ **Day Phone:** _____

Address: _____ **Other Phone:** _____

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

Lodging Reservations & Deposit

<u>Accommodations</u>	<u>Rooms/beds Needed</u>	<u>Deposit Required</u>
• Cleaning and Security Deposit	200 people or less - \$200	
	Over 200 people - \$500	= \$ _____
• Lodge rooms wanted	# _____ rooms x \$ 50	= \$ _____
• Duplex A	# _____ room x \$ 25	= \$ _____
• Duplex B	# _____ room x \$ 25	= \$ _____
• Headquarters Apt	# _____ room x \$ 25	= \$ _____
• Cabin beds (per Person)	# _____ beds x \$ 5	= \$ _____
• Meeting Rooms	# _____ rooms x \$ 50	= \$ _____
	TOTAL DEPOSIT	= \$ _____

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

<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	400	_____
• Hoehn Auditorium (Nature Center) Sound System	\$75	\$75		_____
• Miller Brockett Room (Nature Center)	\$100	\$150	50	_____
• Lindegren Museum (lower Nature Center)	\$250	\$350	75	_____
• Upper Room A (above HQ)	\$ 50	\$ 75	35	_____
• Upper Room B (above HQ)	\$100	\$150	75	_____
• Lodge Conf Room 1	\$300	\$450	125	_____
• Lodge Conf Room 1 Sound System	\$75	\$75		_____
• Lodge Kitchen (snacks only)	\$100	\$200	5	_____
• Lodge Conf Room 2	\$100	\$150	25	_____
• Lodge Conf Room 3	\$100	\$150	25	_____
• Fire Bowl (fires allowed by permit only)	\$ 75	\$100	400	_____
• Outpost- (Tree House- Wagon Camp)	\$ 75	\$100	30	_____
• Church Bowl	\$ 75	\$100	250	_____

Meal Count

Full day visitors will be charged for three meals even if you request only two meals a day.

<u>Approximate Guest Count</u>	<u>First Meal Requested</u> (please circle)	<u>Last Meal Requested</u> (please circle)
_____	Sun Mon Tues Wed Thurs Fri Sat	Sun Mon Tues Wed Thurs Fri Sat
	Breakfast Lunch Dinner	Breakfast Lunch Dinner

For Office Use Only Date Received _____ Confirmed _____
(Revised 12/21/2007)