

Camp Cedar Glen

Final Count and Group Information Sheet

Group: <grpname>
 Area Booked: <rooms>

R/A # <contractid>
 Dates: <arrdt> to <depdt>

Is this your group's first visit to this camp? Yes _____ NO _____
 Has your group visited other Conference camps? Yes _____ NO _____

Estimated group arrival time (PLEASE NOTE CONFERENCE POLICY REGARDING CHECK-IN TIME)

Staff arrival time: _____ A.M. _____ P.M.
 Group arrival time (if different from above) : _____ A.M. _____ P.M.
 Estimated group departure time: _____ A.M. _____ P.M.

CAMPER COUNT: YOU WILL BE BILLED FOR 90% OF THIS ESTIMATE, THE ACTUAL USAGE CHARGE, OR THE MINIMUM GUARANTEE, WHICHEVER IS GREATEST.

Number of full-time adults (those age 10 and over) _____
 Numbers of full-time children (ages 3-9) _____
 Number of full-time infant's (under age 3) _____
 GRAND TOTAL OF FULL TIME CAMPERS _____

Part-time Campers: Please list any campers who will be present LESS THAN FULL TIME, their age category, the Day(s) each will be in camp, and (if we are providing meal service), the meal(s) for which each will be present. IF YOU HAVE ANY QUESTIONS REGARDING FINAL COUNTS, PLEASE CALL.

Number of part-time adults (those age 10 and over) _____
 Number of part-time children (ages 3-9) _____
 Number of part-time infant's (under age 3) _____

MEAL TIMES: BREAKFAST: 8:00 a.m. LUNCH: 12:00 noon Dinner: 5:30 p.m.

First meal: _____ Last Meal: _____

Please list below any specific menu preferences or dietary restrictions. We will do our utmost to accommodate your needs. However, please note that SOME REQUESTS MAY INVOLVE ADDITIONAL CHARGES. IF YOU HAVE ANY QUESTIONS REGARDING MEAL SERVICE PLEASE CALL.

ORIENTATION

AT ARRIVAL: Orientation to the camps safety procedures and regulations. **Orientation Time:** _____

Program Schedule Options: Circle desired program options. Groups may choose all or none. (Groups staying two nights get one 3 hour block of program. Groups staying more than two nights get additional 3 hour blocks of programming per each 24 hours.)

	1:00 – 4:00	1:00 - 2:30	2:30 - 4:00
Date:	Pool Use (May – Oct.)	Archery or Climbing Tower	Archery or Climbing Tower

Requested High Ropes Dates and Times: _____

Requested use of PA System and/or projector: _____

Please use the space below or an extra sheet of paper to list any anticipated needs out side of this final count sheet.

I HAVE READ THE CAMP RULES ENCLOSED AND THE ACCOMPANYING WELCOME LETTER.

Group Leader (please print) _____ Signature: _____
 Daytime telephone:(_____) _____ Evening telephone: (_____) _____

**Please Mail the final count sheet at least two weeks prior to your stay with us. Forms can be sent to:
 PO BOX 2500 JULIAN, CA. 92036 FAX: (760) 765-0479**