Camp Cedar Glen

Final Count and Group Information Sheet

Please return 10 days prior to your arrival

Group name:_____ Contract #_____

Cabins:_____
Dates:_____

Contract Person Name:_____Ph: _____

On-site Leader:_____ PH: _____

Retreat Purpose:_____

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

The campsite does not provide health services. User groups are responsible for all First Aid care. To be in compliance with the State of California and the American Camp Association standards we ask groups to be responsible for bringing First Aid supplies and a person certified in First Aid and CPR.

Name of designated First Aid person:_____

Phone Number:_____

ESTIMATED ARRIVAL & DEPARTURE TIMES
Staff/leadership arrival time (4pm at the earliest): _____
Whole Group arrival time (4pm at the earliest): _____
Estimated departure time (Contractually 11am): _____

ORIENTATION:
Mandatory orientation to Camp Cedar Glen including our regulations and safety procedures. The best time is at your first meal when your whole group has arrived. Orientation Time: _____

CAMPER NUMBERS
You will be billed the actual usage charge, or the minimum guarantee- whichever is greatest.
Number of full-time adults (ages 18+) _____
Number of full-time children (ages 10-17) _____
Numbers of full-time children (ages 3 to 9) _____
Number of full-time infants (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 meal service is requested.

Number of part-time adults (ages 18+) Days:_____ Meals:_____
Number of part-time children (ages 1-17) Days:_____ Meals:_____
Number of part-time children (ages 3 to 9) Days:_____ Meals:_____
Number of part-time infants (under age 3) Days:_____ Meals:_____

FIXED MEALS TIMES:
BREAKFAST: 8:00-9:00am LUNCH: 12:30pm DINNER: 5:30-6:30 p.m.
First Meal upon arrival date: _____
Last Meal upon departure date: _____

Dietary Restrictions: Please list the # of people and which restrictions they have. (See examples below) ***An additional fee of $3.00 per person per meal will be added at the time of invoicing, for Vegan and Gluten Free meals.*** An additional fee may be applied for needs outside of one cooks' abilities. Call camp for details. Camerer Hall's portable walls are to remain open during meals.

Name of person:	Vegetarian	Vegan	Dairy Free	Gluten Free	Indicate Specifics
Example: Kelly A.				x	
Example: Kevin L.	x		x	x	

Additional Menu Preferences (not listed above):

***We will try our best to cover all requests but, please note we require advanced notice and additional charges may be incurred.**

PROGRAM SCHEDULE:

***Programs can be run concurrently, based on advanced notice and availability of staff.**

Date	Times	Program (circle one)	# Participants
		Pool Archery Climbing Tower	
		Pool Archery Climbing Tower	
		Pool Archery Climbing Tower	

Requested High Ropes & Team Building: (Coming in 2026, not ready yet)

Date	Start time	Duration (Circle one)	# Participants
		Half day/Full day/Team building only	
		Half day/Full day/Team building only	

FACILITY & EQUIPMENT REQUESTS

- Audio equipment includes one amp/speaker combo with one mic.
- Other equipment available includes tables (round or rectangle) and chairs, which your group can set up for a variety of uses. Staff will stage them in requested buildings. Groups will do their own set up and take down. If you are unable to do this or if the requests are outside the normal areas or not pre-arranged, we would be happy to do it for you; additional fee may be incurred.
- Camp Fires: Groups are responsible for lighting, maintaining and extinguishing campfires (if permissible by local fire regulations). No fire should be left unattended and needs to be contained within the fire ring at all Times. Camp Cedar Glen will provide wood and a lighter.

Please list equipment need in your assigned buildings:

Building name	List of items requested	Description of use

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

Group Leader (please print) _____

Signature:_____ Telephone:_____

Please mail or email the final count sheet at least two weeks prior to your stay with us.

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