

Camp Cedar Glen

Final Count and Group Information Sheet

Please return 10 days prior to your arrival

Group name: _____ Contract # _____

Cabins: _____ Dates: _____

On-site Leader: _____

Contact Person Name: _____

Phone Number: _____

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): _____

Group arrival time (4pm at the earliest): _____

Estimated group departure time: _____

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: _____

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 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 **meals** for which each will be present.

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 infant's (under age 3) Days: _____ Meals: _____

MEALS:

BREAKFAST: 8:00-9:00 a.m. LUNCH: Noon-1:00 p.m. DINNER: 5:30-6:30 p.m.

First Meal- day & time: _____

Last Meal- day & time: _____

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 to help cover food and prep costs.* 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.

# of People	Vegetarian	Vegan	Dairy Free	Gluten Free	No Nuts	NoSeafood	No Pork	No Beef
Example: 3				x				
Example: 1	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:

Groups staying **two nights** receive up to 3 hours of select free program time between the hours of 1pm-2:30 only.

Each 24 hours beyond two nights of stay receive 3 more hours.

***Programs can be run concurrently, see *What Now?* Brochure emailed to you or visit our website for more information.**

Date	Times (between 1pm-2:30pm)	Program (circle one)	# Participants
		Pool Archery Climbing Tower	
		Pool Archery Climbing Tower	
		Pool Archery Climbing Tower	

Requested High Ropes & Team Building

Call, visit our website or see *What Now?* Brochure emailed to you for more information.

Date	Start Time	Duration (circle one)	# Participants
		Half day Full Day Team Building Only	
		Half day Full Day Team Building Only	

Additional program requests & information:

FACILITY & EQUIPMENT REQUESTS

- Audio equipment includes one amp/speaker combo with one mic. Please see our website: <http://www.campcedarglen.org/facilities-2/audiovideo-availability>
- 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 to do their own set up and take down. If for any reason you are unable to do this yourselves, or if the requests are outside the normal areas or not pre-arranged, we would be happy to do it for you, however, we will need to charge a fee for this service.
- Groups are responsible for lighting, maintaining and extinguishing campfires (if permissible by local fire regulations). No fire should be left unattended and need to be contained within the fire ring at all times.
- Call or visit our website for current offerings with descriptions.

Building Name	List of Items Requested	Description of Use

Additional equipment requests & information:

ADDITIONAL/MISCELLANEOUS REQUESTS:

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.

**PO BOX 2500
JULIAN, CA 92036**

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