

**MASTER GUIDE CANDIDATE RETREAT &  
 MASTER GUIDE CERTIFICATION CONVENTION – Camp Cedar Falls  
 JANUARY 31 TO FEBRUARY 2, 2020  
 LODGE AND CABIN REGISTRATION FORM**

**Registration Forms MUST be Received at the Youth Ministries Office  
 For Early Bird Price on or before Thursday, January 23.**

Contact Person: \_\_\_\_\_ Church: \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*PLEASE SEE ATTACHED NAME REGISTRATION FORM: NAME, ADDRESS, CELL AND EMAIL MUST BE RETURNED WITH THIS REGISTRATION FORM\*\***

**1<sup>st</sup> and 2<sup>nd</sup> Floor Lodge Guest Rooms: (All prices include 4 meals and linens)**

Persons per room	Cost per person *	Total	# of rooms needed and room assignment	Sub Total	*1 <sup>st</sup> & 2 <sup>nd</sup> Floor Total
1	\$195	\$195.00		\$	
2	\$153	\$306.00		\$	
3	\$135	\$405.00		\$	
4	\$135	\$540.00		\$	
5	\$135	\$675.00		\$	
6	\$135	\$810.00		\$	

**3<sup>rd</sup> Floor Lodge Guest Rooms: (All prices include 4 meals and linens)**

Persons per room	Cost per person *	Total	# of rooms needed and room assignment	Sub Total	*3 <sup>rd</sup> Floor Total
4 Minimum	\$150	\$600.00		\$	
5	\$150	\$750.00		\$	
6	\$150	\$900.00		\$	
7	\$150	\$1,050.00		\$	
8 Maximum	\$150	\$1,200.00		\$	

\*Names of each occupant must be listed on the back or separate page\*

**CABIN PACKAGES: (Number of Cabins Needed: # \_\_\_\_\_)**

Small Cabins (sleeps 4) & 4 meals

Cost for 1: \$120 each Male \_\_\_\_\_ Female \_\_\_\_\_ X \$120 = \$ \_\_\_\_\_

Cost for 2: \$115 each Males \_\_\_\_\_ Females \_\_\_\_\_ X \$115 = \$ \_\_\_\_\_

Cost for 3/4: \$110 each Males \_\_\_\_\_ Females \_\_\_\_\_ X \$110 = \$ \_\_\_\_\_

Large Cabins & 4 meals

Cost per person \$ 80 - Males \_\_\_\_\_ Females \_\_\_\_\_ X \$ 80 = \$ \_\_\_\_\_

**Full payment** must be enclosed with the application. There is **no billing of churches unless Church Treasurer authorizes it** by email to [brichards@sccsda.org](mailto:brichards@sccsda.org) or phone call to 818-546-8439. Registration forms must be received at office on or before **January 23 for Early Bird Price.**

**There are no refunds.**

Lodge \$	Large Cabin / Small Cabin	\$
<b>Regular Registration Fee add: \$10</b> per person (after January 23, 2020)	<b>No Walk-Ins at the camp will be Permitted</b>	\$
<b>No Visitors or Small Children</b>		
	<b>TOTAL</b>	\$

**Make Check Payable to: Southern California Conference -- NO REFUNDS**  
**Mail form and check to: Youth Ministries Dept., PO Box 969, Glendale CA 91209-0969**

**MASTER GUIDE CANDIDATE RETREAT & CERTIFICATION CONVENTION  
JANUARY 31 TO FEBRUARY 2, 2020  
CONTACT INFORMATION FORM – Due with Registration Form  
FOR ALL REGISTRANTS WHO ARE ATTENDING THE CONVENTION**

1.  
Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

2.  
Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

3.  
Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

4.  
Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

5.  
Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

6.  
Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

7.  
Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

8.  
Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

9.  
Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**10.**  
Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_