



FEDERACION DE JOVENES

SOUTHERN CALIFORNIA CONFERENCE

@federaciondejovenes

Spiritual Retreat |

April 26 - April 28

2024

All applications must be sent to P.O. BOX 11575 Glendale CA, 91226
Church Checks or Money Orders paid to the order of "FJA of SCC"
NO PERSONAL CHECKS. NO CASH. NO REFUNDS.
NO TRANSFERS. NO EXCEPTIONS. NO ACCOMMODATION.
APPLICATIONS ARE NONTRANSFERABLE.

Application

CAMP CEDAR FALLS



PERSONAL INFORMATION

Full Name : _____

Address : _____

Date of Birth : ____ / ____ / ____

Gender: Male Female Age: _____ Baptized: Yes No

Email : _____

Phone #: _____

Meal: Vegan Vegetarian Other: _____

Church: _____

Pastor of Church: _____

Phone #: _____

Pastor/ First Elder Signature: X: _____

Check Box if Church approved Chaperone:

((CHURCH MUST HAVE A MALE OR FEMALE CHAPERONE (WILL BE HELD RESPONSIBLE FOR THEIR CHURCH YOUTH) AS NEEDED))

Male Chaperone

1.) Name: _____ | Age: _____ | Phone: _____

2.) Name: _____ | Age: _____ | Phone: _____

Female Chaperone

1.) Name: _____ | Age: _____ | Phone: _____

2.) Name: _____ | Age: _____ | Phone: _____

Medical Information:

(IF NON PUT N/A OR NO)

If any medical conditions such as: diabetes, high blood pressure, recent surgery, organ transplant, asthma, heart problems, epilepsy, etc. and/or any allergies (if Sever, please be sure to bring an Epi-Pen), please list below:

Emergency Contact (NO CAMPERS)

Name: _____

Relation: _____

Phone : _____

ACCOMMODATIONS (CHECK ONE):

Early Bird: Cabin \$140 | Hotel \$190
(Before March 16, 2024)

-T-SHIRT SIZE (CHECK ONE):

S M L XL XXL

Regular: Cabin \$180 | Hotel \$250
(March 17- April 5)

Late: Cabin \$280 | Hotel \$300
(April 6-April 13)

Walk-in Fees: Cabin & Hotel \$400

Please indicate that you have read, comprehended, and accepted the conditions by initialing.

I understand that photography and video may occur during the event. I consent (*for my child) to such recording media and its release for promotional purposes by FJA. X: _____

Campers with any medical conditions are responsible for bringing their medication. FJA is not responsible for any medication forgotten by the camper. I authorize (*my son/daughter) to be treated in case of a medical emergency. X: _____

I'm responsible for any consequences due to actions or conduct that may be detrimental to this event. X: _____

I understand there are **NO EXCEPTIONS, NO ACCOMMODATIONS, and NO TRANSFERS OF CAMPERS.** X: _____

I also understand that I am responsible for reading the **Rules and Regulations** and following any instructions from Federacion de Jóvenes. X: _____

I certify that I am at least 18 years of age or that I am the camper's parent/guardian. X: _____

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE PROVISIONS SET FORTH BY FJA.
CAMPER'S SIGNATURE (PARENT'S SIGNATURE IF CAMPER IS 15-17) | DATE

X: _____ DATE: _____