

Anchored  
MAY 5-7, 2017 - Camp Cedar Falls (Ages 15-35)



Circle Choice:  
Early Bird (Before April 9, 2017) : Cabin \$95 / Hotel \$155  
Late Fee (After April 9, 2017) : Cabin \$120 / Hotel \$175  
**[Walk-in could be subject to additional fees]**

Personal Information

Name

Address

City  State  Zip Code

Phone  E-mail

Birthday  Age

Sex: Male / Female

Church

Pastor's signature

Baptized: Yes / No

Emergency Contact\*\*

Relationship

Address

City  State  Zip Code

Phone

Medical Information

Do you have any handicap or medical conditions?  
such as: diabetes, high blood pressure, recent surgery,  
organ transplant, asthma, heart problems, epilepsy, etc.

Circle Choice: YES / NO

If yes, list:

Any Allergies or reaction to medication?

Circle Choice: YES / NO

If yes, list:

For all campers (\*\*for campers 17 years and under)  
I Authorize (\*my son/daughter) to be treated in case of a medical  
emergency. I have read the regulations and rules for camp. I also  
understand that I am responsible for any consequences due to actions  
or conduct that may be detrimental to this event.

\*By signing this application you agree to comply with all FJA  
regulations.

Camper's Signature / \*\*Guardian or Parent (emergency contact)

Applications must be completed and sent to:  
P.O. BOX 11575 Glendale CA, 91226  
Payments will only be accepted with **church checks or Money Orders.**  
**NO PERSONAL CHECKS. NO CASH. NO REFUNDS.**