

CALIMESA SDA CHURCH PSR RETREAT RESERVATION FORM April 27-29, 2018

| | |
|------------------------|-------|
| Office Use Only | |
| Last Name | _____ |
| Date Rec'd | _____ |
| Amount Rec'd | _____ |

Check In: Friday 3:30pm **Check Out:** Sunday 11:00am

- * Make checks payable to **Calimesa SDA Church**
- * Please submit form and full payment by April 18
- * Any questions please contact:
Rhonda Wilson: CalimesaPSR@gmail.com or 909-434-5963

Mail form and check to:
Rhonda Wilson
820 Buckingham Dr.
Redlands, CA 92374

GUEST INFO: Please print clearly and list every person in your group. Please note age of guests under 18. No charge for children 3 and under. Please note any special request at bottom of page.

| | Guests 0-18 year old | Age |
|---------------------------|----------------------|-------------|
| Family Name: _____ | child _____ | _____ |
| adult _____ | child _____ | _____ |
| adult _____ | child _____ | _____ |
| adult _____ | child _____ | _____ |
| adult _____ | child _____ | _____ |
| Home phone _____ | Cell phone _____ | Email _____ |

LODGE: includes 2 nights, all meals, 2 queen beds and trundle bed.

- 1 adult \$197
 - 2 adults \$123 pp x 2 = \$256
 - 3 adults \$107 pp x 3 = \$321
 - 4-6 adults \$96 pp x # of adults _____ = \$_____
 - children (4-12 yrs old) \$55 per child x # of children _____ = \$_____
- Lodge total: \$ _____**

CABIN: includes 2 nights, all meals, 8 bunk beds, and 1 queen bed linens not included)

- 1-4 adults \$70 pp x # of adults _____ = \$ _____
 - 5-10 adults \$62 pp x # of adults _____ = \$ _____
 - child (4-12yrs old) \$50 per child x # of children _____ = \$ _____
- Cabin total: \$ _____**

RV & TENTS: site only. Meal requests additional.

- | | | | | |
|-------------------|------------------|------------------|----------------------|------------|
| | <u>Fri night</u> | <u>Sat night</u> | | |
| # of RV sites | _____ | _____ | x \$25 per night | = \$ _____ |
| Tent: # of people | _____ | _____ | x \$6 pp / per night | = \$ _____ |

RV/Tent Meals: price is per person/per meal (pp/pm). Children 4-12 years old

- | | | | | | | |
|------------------------|---------------|------------------|--------------|---------------|---------------|------------------------|
| | Friday | Sabbath | | Sunday | | |
| | <u>Dinner</u> | <u>Breakfast</u> | <u>Lunch</u> | <u>Dinner</u> | <u>Brunch</u> | |
| # of adults | _____ | _____ | _____ | _____ | _____ | x \$12pp/pm = \$ _____ |
| # of children(4-12yrs) | _____ | _____ | _____ | _____ | _____ | x \$10pp/pm = \$ _____ |

Total RV/Tent & Meals \$ _____

DAY GUESTS: cafeteria meals - price includes camp day fee

- Sabbath # of adults _____ x \$18 per person = \$ _____
- Lunch Only: # of children (4-12yrs) _____ x \$16 per child = \$ _____
- Sabbath Lunch & Dinner: # of adults _____ x \$27 per person = \$ _____
- # of children (4-12yrs) _____ x \$23 per child = \$ _____

Total Day Guest Meals: \$ _____