

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 \$128 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

	<u>Friday</u>	<u>Sabbath</u>		<u>Sunday</u>		
	<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 # of adults _____ x \$27 per person = \$ _____
- & Dinner: # of children (4-12yrs) _____ x \$23 per child = \$ _____

Total Day Guest Meals: \$ _____