



# 2018 MEMORIAL DAY WORK WEEKEND

**CHECK-IN** is between 6pm and 9pm on **Friday, May 25**. First meal is **Saturday breakfast**.  
**CHECK-OUT** is at 4pm on **Sunday, May 27**. Last meal is **Sunday lunch**.

## FAMILY/GROUP INFORMATION

Family/Group Leader Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Church Name (if applicable): \_\_\_\_\_  
 Emergency Contact and Relationship: \_\_\_\_\_  
 Emergency Contact Phone: \_\_\_\_\_

## FAMILY/GROUP MEMBERS (INCLUDING LEADER)

Name: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

## ADDITIONAL INFORMATION

Do any members of your family/group have Dietary Needs?  Yes  No  
 If yes, please complete and return a **Dietary Needs Request Form**.  
 Do any members of your family/group require a disabled access room?  Yes  No  
**Approximate Arrival Day and Time:** \_\_\_\_\_  
**Approximate Departure Day and Time:** \_\_\_\_\_

## RELEASE OF LIABILITY

**THIS RELEASE MAY LIMIT YOUR LEGAL RIGHTS.** Calvin Crest Conferences (hereinafter, "Calvin Crest"), offers an array of camp and conferences' services and facilities. While Calvin Crest strives to operate safe programs and maintain safe facilities, there is always a risk of injury when participants engage in activities involving physical exertion in the natural and rustic setting of Calvin Crest. By signing below, I attest that I have fully disclosed all known health conditions that may affect participant (s) participation in the Calvin Crest camp or conference. Further, I acknowledge that participant(s) is in good physical condition, on the basis of physician's examination, within six months of the scheduled conference or camp. I acknowledge that Calvin Crest shall not be responsible for personal belongings or money that is lost or stolen during a camp or conference. In the event of medical emergency, I hereby give permission to Calvin Crest (and physicians/nurses/staff/volunteers selected by Calvin Crest) to secure any medical treatment that may become necessary, including injections, anesthesia, and/or surgery. I acknowledge that participant(s) has my permission to fully participate in conference and or camp activities, both on and off Calvin Crest grounds, except as otherwise noted on the conference or camp application. I also give Calvin Crest permission to use participant's photo or video recording in future promotional materials. My signature below acknowledges that I, as a participant in a camp or conference to be held at Calvin Crest, or on behalf of my child (or other person over whom I hold a legal guardianship or conservatorship) who will participate in a camp or conference at Calvin Crest, am aware of the inherent hazards and risks associated with such participation. **By signing below, I attest that I have a full understanding of the inherent hazards and risks associated with participation in the conference or camp, including the activities included therein which may involve areas of poor lighting, rough terrain, and other natural and man-made elements that could result in injury, and hereby assume all risk of loss, damage or injury that may be sustained by myself, my child, or other person over whom I hold a legal guardianship or conservatorship. FURTHERMORE, I HEREBY RELEASE CALVIN CREST AND ITS BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR VOLUNTEERS FROM ALL LIABILITY, REGARDLESS OF WHETHER SUCH LIABILITY STEMS FROM NEGLIGENCE ACTS OR FAILURES TO ACT BY CALVIN CREST AND ITS BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR VOLUNTEERS.** The undersigned agrees that the foregoing Release of Liability is intended to be as broad and inclusive as permitted by the laws of the state of California, and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, remain in full force and effect.

**LEADER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**PRINTED NAME:** \_\_\_\_\_

## ACCOMMODATIONS (choose one)

(includes 2 nights lodging and 5 meals)

- Cedar Lodge:** \$70/person age 13+  
Hotel-style rooms with private baths. Bed and bath linens provided.
- Mountain View Cabin:** \$50/person age 13+  
Bunk-style cabins with private baths. Guests provide bed and bath linens.
- Westview Cabin:** \$30/person age 13+  
Bunk-style cabins with centrally located bathroom facility. Guests provide bed and bath linens.

**Children Age 4-12:** \$30/child for all lodging types

**Children 3 and under:** FREE

**Day Use** is \$5 per person per meal with max of \$20 per family per meal. Please pay upon arrival.

## PAYMENT INFORMATION

Total Amount Due: \$ \_\_\_\_\_  
 A non-refundable deposit of \$30 per person age 4+ is required with registration. Please enclose check or credit card information.  
 Payment Amount: \$ \_\_\_\_\_  
 I've included a check.  
 My church is sending payment.  
 I've included Visa or MasterCard info below.  
 Name \_\_\_\_\_  
 Card # \_\_\_\_\_  
 Exp Date month \_\_\_\_\_ year \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Cardholder Signature \_\_\_\_\_

## PACKING LIST

- Sturdy Walking Shoes (closed toed)
- Jeans or Long Pants (that will get dirty)
- T-Shirts (that will also get dirty!)
- Work Gloves (labeled)
- Protective Eyewear (such as sunglasses)
- Water Bottle (reusable)
- Socks & Underwear
- Pajamas
- Sweatshirt
- Warm Jacket and/or Rain Jacket
- Sunscreen
- Insect Repellent
- Toiletries
- Bible, Notebook, Pen
- Watch
- Hat
- Alarm Clock
- Flashlight
- Bed and Bath Linens (Sleeping Bag, Pillow, Bath Towel, Washcloth for guests staying in Mountain View or Westview Cabins)