

CAMP SKY MEADOWS RESERVATION APPLICATION

Name of Group: _____

Church or Sponsoring Organization: _____

Group Leader (attending camp): _____

Address: _____

Phone: _____ Email: _____

Dates Requested: _____ through: _____

Accommodations Required: _____ (please check)

Case Lodge/Whispering Pines/Cabins: _____ Manzanita Lodge: _____

Number of cabins needed: _____ (4 max.)

Whispering Pines capacity: 36 people

Cabin capacity: 14 people each cabin (7 bunks)

Manzanita Lodge capacity: 30

Dates Requested for use of Pool: _____

Estimated number of campers:

Children (0-5yrs) _____ Children (6yrs +) _____ Adults _____

Estimated time of arrival: _____ Estimated departure: _____

** Please contact the Camp Manager concerning your arrival and departure times. Jeff Potter @ 909-485-0005 or campskymeadows@fumcpasadena.org **

Make all checks payable to First United Methodist Church of Pasadena.

SEND ALL PAPERWORK & DEPOSIT CHECK TO:

FUMC Pasadena
c/o Aisha Figilis-Williams
500 E. Colorado Blvd.
Pasadena, CA 91101