



The California Federation of Mineralogical Societies, Inc (CFMS)
EARTH SCIENCE STUDIES – CAMP PARADISE 2025
12725 LaPorte Rd • Strawberry Valley, CA 95930



Session 1: August 17 – 23 • Session 2: August 24 – 30

GENERAL INFORMATION

Camp Paradise is approximately 50 miles east of Marysville on Highway E-21 (Marysville Rd.) towards Brownsville. The elevation is approximately 3,500 ft. The facilities are at a rustic church camp. Bunk beds are furnished in rooms and cabins. Bathrooms and showers are communal and located in each building. Housekeeping is the responsibility of each guest. On a limited basis, cabins are available for 4 or more people with communal bathrooms and showers nearby. A limited number of RV spaces with hookups are available. **Room assignments are made by staff.**

This is a church camp facility—no alcoholic beverages are permitted.

Classes: Beginning Lapidary, Beginning, Intermediate, & Advanced Silversmithing, Lost Wax Casting, Beading, Fused Glass, Enameling, Cold Connections, Intarsia, Gem Trees, Wire Wrapping, and Chainmail.

For more information, contact: **Jill Atkins** | Atkinsdesign@gmail.com or call (775) 232 6626
Gary Atkins | garysgems@gmail.com or call (775) 412-2010
Ann Marie McCann | registerforcampparadise@gmail.com
or call (949) 292-8167

REGISTRATION INFORMATION

PLEASE READ CAREFULLY BEFORE REGISTERING

1. Cost is **\$550 per person/week** and includes room and board
2. Registration Deadline is **Saturday, August 2, 2025**
3. Late registrations after 8/2/2025 will incur a **\$50.00 Late/Cancellation Fee**
4. **NO REFUNDS for cancellations made after August 2, 2025, unless a substitute paying guest is provided**
5. Check-in will be from **1pm – 4pm on Sunday** (Session 1: 8/17/25 & Session 2: 8/24/25)

To register, please complete and submit the **Registration Form** on page 2 of this document with your payment by **Saturday, August 2, 2025.**

PAYMENT OPTIONS

- Zeffy (Preferred)**– <https://www.zeffy.com/en-US/ticketing/2025-camp-paradise>
or contact us for availability
- PayPal** Submit the form below by email and an invoice will be emailed to you for payment
- Pay by Check** Mail a copy of the form along with your check to the address below

Please make Checks Payable to: CFMS Earth Sciences

Mail to: Ann Marie McCann, P.O. Box 1530, Verdi, NV 89439 | registerforcampparadise@gmail.com |
(949) 292-8167

Applications will be accepted starting March 15, 2025. You will receive confirmation by email.

*******Changes may be made as Necessary*******



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REGISTRATION FORM – Please PRINT CLEARLY

Week 1: August 17-23 Week 2: August 24-30 • **\$550 per person/per week**

Name 1 _____ Name 2 _____

Address _____ City _____ State _____ Zip _____

Email _____ Club Affiliation _____

Phone Number _____

Are you new to the Earth Science Study (ESS) Program? Yes No

Request Roommate (Name): _____

Accommodation Preference (check one): **DORM:** Couples Women Men **CABIN** **RV SPACE**

Is the use of a C-Pap Machine required? Yes No

Would you like to be included in the Camp Directory available this year to attendees? Yes No

Dietary Constraints: Food Allergies Diabetic Vegetarian Other

Please Explain _____

We will do our best to accommodate dietary preferences, but there may be limits on our food options, and we may require you to bring your own unique food needs.

How did you hear about this program? _____

Additional things you should know: To adhere to the rules of the owners of Camp Paradise, **pets will be allowed in the RV area only and must be kept on a leash at all times and debris picked up. Any violations will result in expulsion from Camp Paradise.**

By attending this activity, you are giving your consent for CFMS to make photographs, videotapes, films, email or other representations of you. I hereby grant CFMS unrestricted right to copyright any of the above-mentioned containing images of me as well as the unrestricted right to reuse them with the caption information, in whole or in part. These rights include, but are not limited to the right to publish, copy, distribute, alter, license and publicly display these materials and images for editorial, trade, marketing and advertising purposes.

Signature: _____ Date: _____

Please make a copy for your records

FOR CFMS USE ONLY

Amount received _____ Check Number _____ Date Received _____

Signature _____, Registrar