



The California Federation of Mineralogical Societies, Inc (CFMS)
EARTH SCIENCE STUDIES – CAMP PARADISE 2026
12725 LaPorte Rd • Strawberry Valley, CA 95930
Session One: August 16 – 22, 2026 • Session Two: August 23 – 28, 2026**



GENERAL INFORMATION

Camp Paradise is in Strawberry Valley, CA, approximately 50 miles east of Marysville. 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 6 or more persons with communal bathrooms and showers nearby. A limited number of RV spaces with hookups are available. **Room assignments are made by staff.**

The following items are strictly prohibited by the camp owners: alcohol, firearms, and pets.

Classes available, but may be subject to change, are: Beginning, Intermediate, & Advanced Metalsmithing, Lapidary, Casting, Beading, Enameling, Cold Connections, Intarsia, Gem Trees, Hard & Soft Stone Carving, Wire Wrapping and Chainmail.

For 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, Registrar | registerforcampparadise@gmail.com or (929) 292-8167

REGISTRATION INFORMATION

PLEASE READ CAREFULLY BEFORE REGISTERING

1. Cost is **\$600 per person/per week** and includes room and board. Classes have a kit and materials fee (typically between \$5-\$25)
2. Registration Deadline is **Saturday, August 1, 2026**
3. **NO REFUNDS for cancellations made after August 1, 2026**
4. All **Camp communications will be sent via email**. You will receive a camp packet in June that includes camp information, a schedule, class information, and a packing list. If you have not received this by June 30, 2026, please contact Ann Marie
5. **Check-in will be from noon – 4:00pm on Sunday** (Session 1: 8/16 & Session 2: 8/23) No late check-ins without prior arrangement. If you are unable to make prior arrangements, make-up check-ins will be available on Monday from 7:00am-8:00am. **Session 2: Class time on 8/23 begins at 6:00pm**

To register please complete and submit the Registration Form (page 2) with your payment by Saturday, August 1, 2026.

PAYMENT OPTIONS

- Zeffy** – <https://www.zeffy.com/en-US/ticketing/2026-camp-paradise>
- Pay by Check** – Please make checks payable to CFMS Earth Sciences.
Mail to Ann Marie McCann, P.O. Box 436, Verdi, NV 89439

Applications will be accepted starting March 15, 2026. You will receive confirmation by email
*******Changes may be made as Necessary*******



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REGISTRATION FORM – Please PRINT CLEARLY

Session One: August 16-22, 2026 Session Two: August 23-28, 2026**

\$600 per week includes room and board. Classes have an additional fee for kits and materials

**** Note: Session Two will follow the new schedule**

Name _____

Address _____ City _____

State _____ Zip _____ Phone Number _____

Email _____ Club Affiliation _____

Emergency Contact Name _____

Emergency Contact Phone & Email _____

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**

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

How did you hear about this program? _____

The following are NOT permitted by the camp owners: Alcohol, guns, and pets.

By attending this activity, you are giving your consent to 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 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