

Get Inspired!



Summer Adult/Family Registration Form

Fax registration to 828-687-1600, email to registration@novusway.com; or register online at www.novusway.com;

First Participant: First Name _____ Last Name _____ DOB: _____ Email: _____ Phone: _____ Second Participant: First Name _____ Last Name _____ DOB: _____ Email: _____ Phone: _____

CAMP SESSION: Lutheridge Lutherock Luther Spring Lutheranch
 Week dates _____ Program Name _____

If your children are attending the program with you, please complete the following:

Child 1: First Name _____ Last Name _____ Gender ___ Age ___
Child 2: First Name _____ Last Name _____ Gender ___ Age ___
Child 3: First Name _____ Last Name _____ Gender ___ Age ___
Child 4: First Name _____ Last Name _____ Gender ___ Age ___

PRIMARY HOUSEHOLD INFORMATION: Address _____
 City _____ State _____ Zip Code _____ Home Phone _____
 Name of Home Church _____ City/State _____

EMERGENCY CONTACT Name: _____ **Phone:** _____

Note any allergies, dietary needs or health conditions requiring treatment, restriction, or special accommodations while at camp. _____ _____
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Lutheridge Campfirmation/Lutherock Confirmation Cluster Name _____

Roommate/Housing Preference:

Mobility Concerns: _____

PAYMENT INFORMATION: Person responsible for paying camper's fee is _____
 Total payment \$ _____ Check/Money Order MasterCard VISA Discover AMEX
 Name on card _____ Credit card # _____
 Expiration date _____ Security Code: _____
 Signature _____

Please use ONE registration form per adult or family.

If you have questions or need registration assistance, please call us at 828-209-6302 or email us at registration@novusway.com.