



**LUTHERIDGE**



**LUTHEROCK**



**LUTHERSPRINGS**



**LUTHERANCH**

**ADULT or FAMILY REGISTRATION FORM**

Name of Program

\_\_\_\_\_

Dates

\_\_\_\_\_

Location

- Lutheridge (NC)
- Lutherock (NC)
- LutherSprings (FL)
- Lutheranch (GA)

Participant Name (Full Name)

\_\_\_\_\_

Gender (M / F)

DOB (MM/DD/YYYY)

\_\_\_\_\_

\_\_\_\_\_

Email Address (abc@123.com)

\_\_\_\_\_

Home Phone

\_\_\_\_\_

Cell Phone

\_\_\_\_\_

**Household Information**

Street Address (123 Somewhere St, Apt. 5)

\_\_\_\_\_

City, State Zip (City, ST 12345)

\_\_\_\_\_

Church Name (Where you attend)

\_\_\_\_\_

Church Location (City, State)

\_\_\_\_\_

**Additional Information**

Roommate Request (if you wish to have a single room write "Single" or "N/A", additional fees may apply)

Dietary Needs

\_\_\_\_\_

Food Allergies

\_\_\_\_\_

Other Concerns (Mobility, Behavior, etc.)

\_\_\_\_\_

Permission to Photograph \_\_\_\_\_ (Y/N)

*Photographs taken while at camp may be used in social media posts or in printed publications.*

Permission to Transport \_\_\_\_\_ (Y/N)

*Permission to transport camper off site for adventure activities or in the event of an emergency.*

Additional Family Members (if you are coming to family/grandparent's camp)

Name	Gender	DOB	Dietary Needs/Food Allergies
_____	_____	_____	_____
Name	Gender	DOB	Dietary Needs/Food Allergies
_____	_____	_____	_____
Name	Gender	DOB	Dietary Needs/Food Allergies
_____	_____	_____	_____
Name	Gender	DOB	Dietary Needs/Food Allergies
_____	_____	_____	_____

Billing Information

Select your payment method below. (Deposits are due at the time of registration)

Personal Billing Information

**I plan to pay camp fees \_\_\_\_\_ (Y/N)**

Total Amount (Dollar amount to be charged today)

\_\_\_\_\_

Name on the Card

\_\_\_\_\_

Card Number

\_\_\_\_\_

Expiration (MM/YY)                      CVC (123)

\_\_\_\_\_    \_\_\_\_\_

Signature\* (You agree to be charged the above amount)

\_\_\_\_\_

Church Billing Information

**Bill my church for camp fees \_\_\_\_\_ (Y/N)**

Total Amount (Dollar amount to be billed to church)

\_\_\_\_\_

Church Name

\_\_\_\_\_

Street Address

\_\_\_\_\_

City,State                                      Zip

\_\_\_\_\_    \_\_\_\_\_

For more information contact the registration office at: 828-209-6301, [registration@novusway.org](mailto:registration@novusway.org)  
2049 Upper Laurel Drive, Arden NC 28704