

Family Camp at Luther Springs  
Motel-style room: \$120/adult  
Cabin: \$80/adult  
Youth (4-13): \$60/each Children  
3 & under are free!



# NovusWay Ministries

## ADULT or FAMILY REGISTRATION FORM

Name of Program \_\_\_\_\_

Dates \_\_\_\_\_

Location

LutherSprings (FL)

Participant Name (Full Name) \_\_\_\_\_

Gender (M / F) \_\_\_\_\_

DOB (MM/DD/YYYY) \_\_\_\_\_

Housing Preference (Motel-style room OR Cabin)

1st Choice: \_\_\_\_\_

2nd Choice: \_\_\_\_\_

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-Use this space to indicate if there is another family you'd like to share a cabin with! (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
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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

Church Billing Information

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

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

Total Amount (Dollar amount to be charged today)

Total Amount (Dollar amount to be billed to church)

Name on the Card

Church Name

Card Number

Street Address

Expiration (MM/YY)

CVC (123)

City,State

Zip

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

For more information contact the registration office at: 828-209-6302,  
 registration@novusway.org 2049 Upper Laurel Drive, Arden NC 28704