



2017 Summer Program YOUTH Registration Form

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

Camper First Name Last Name	
Birth date 2016-2017School Grade Gender Camper email	
By providing my child's email address, I agree to receive NovusWay e-news/blog emails. I may opt out at any time via options presented in those communications	
CAMP SESSION: □Lutheridge □Lutherock □Luther Springs □Lutheranch	
1 st choice: Week dates Program Title	
2 nd choice: Week datesProgram Title	
PRIMARY HOUSEHOLD INFORMATION: Address	
City State Zip Code Home Phone	
First Parent/Guardian: First Name Last Name	
Relationship to CamperEmail	
By providing my email address, I agree to receive NovusWay e-news/blog emails. I may opt out at any time via options presented in those communications. Work phone Cell Phone	
Second Parent/Guardian: First Name Last Name	
Relationship to CamperEmail	
By providing my email address, I agree to receive NovusWay e-news/blog emails. I may opt out at any time via options presented in those communications.	
Work phone Cell Phone	
EMERGENCY CONTACT:	
First Name Last Name Relationship to Camper	
Home phone Cell phone Work phone	
In an emergency, we will first attempt to contact a parent/guardian. If they cannot be reached, the emergency contact listed above will be our next call.	
Roommate Preference: (List no more than two. Each must request the other.)	
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Note any allergies, dietary needs or health conditions requiring treatment, restriction, or special accommodations while at cam	ın.
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Special request from our CrossCultural Team (check appropriate box):	
\square American Indian \square Asian/Pacific Islander \square Black/African American \square Hispanic/Latino \square White/Caucasian \square Prefer not to answer	er
Name of Home Church City/State	
Lutheridge Campfirmation/Lutherock Confirmation Cluster Name	
□ My child will Ride Lutheridge-Lutherock Shuttle. Shuttle Date TO Rock/Shuttle Date FROM Rock	
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 dateSecurity Code:Signature	_
□Scholarship Requested (application is attached) Please use ONE registration form per camper	