

Lutheridge Lutherock Ministries, Inc. Please print and use one form per person or per family unit. Copy as needed.
DO NOT USE FOR FAITH ALIVE! CAMPFIRMATION RETREAT AT LUTHERIDGE.

2008-2009 Adult/Family Registration Form

(or register on line www.lutheridge.com or www.lutherock.com)

Mr Mrs Ms Dr Rev Name _____ Male Female

(As it should appear on your nametag)

Mr Mrs Ms Dr Rev Name _____ Male Female

(As it should appear on your nametag)

Name(s) of child(ren) attending your program with you and age(s): _____

Address _____ City _____ State _____ Zip _____

Home phone (_____) _____ Work/cell phone (_____) _____

Email address: _____

Home church name/location _____

Emergency contact name/number _____

Allergies, dietary needs or health conditions requiring treatment, restriction, or other accommodation while on site

OPTIONAL (for use by our Cross Cultural Team) – Please check appropriate box: American Indian
 Asian/Pacific Islander Black/African American Hispanic/Latino White/Caucasian

Name of program and date requested:

_____ Dates _____ Lutheridge Lutherock

Lutheridge housing preference: (please indicate 1st, 2nd, and 3rd choice)

Kohnjoy Thornburg Bacot Carla/H&H Lakeside Village Cabins Other _____

Lutherock housing preference: (please indicate 1st, 2nd, and 3rd choice)

Crow's Nest Moretz Lodge Cabin Other _____

Roommate preference _____

CHECK HERE IF YOU WISH TO NOT BE ADDED TO A PARTICIPANT LIST WITH ADDRESSES

For Handbell Workshops Only:

Track: Intermediate Advanced Part of a choir: Name: _____

Octaves in choir: 2 3 4 5 # of feet of tables needed: _____ Feet

PAYMENT INFORMATION:

Total Enclosed \$ _____ Check Money Order or please charge my credit card: Visa MC

Card number _____ Expiration date _____

Name on card _____ Signature _____

PLEASE NOTE CANCELLATION POLICY IN PROGRAM MATERIALS OR ONLINE – CALL WITH ANY QUESTIONS! Mail with full payment for those programs of three nights or less. For those programs of four or more nights, send a **non-refundable, non-transferable** deposit of \$125/adult and \$25/child (17 & under).

Mail to: **Registrar, LLMI, 2049 Upper Laurel Drive, Arden NC 28704.** Make checks payable to LLMI.

If questions, call 828-684-2361 or fax to 828-687-1600

FOR OFFICE USE ONLY:

| | |
|----------------------------------|-------------------|
| Date rec'd _____ | Fee _____ |
| Check # _____ | Amt. Recvd _____ |
| Check writer (if not same) _____ | Balance Due _____ |
| Discounts _____ | Session _____ |
| Housing Assignment _____ | Program _____ |