

2011 Summer Adult/Family Registration Form

Please print and use one form per person or per family unit. Copy as needed.

Register online: llmi.net for Lutheridge/Lutherock programs and lomfla.org for Luther Springs programs.

Mr Mrs Ms Dr Rev Name _____ M F
(As it should appear on your nametag)

Mr Mrs Ms Dr Rev Name _____ M F
(As it should appear on your nametag)

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

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell _____ Work _____

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:

Special request from our CrossCultural Team – Please check appropriate box:

American Indian Asian/Pacific Islander Black/African American Hispanic/Latino
 White/Caucasian Prefer not to answer

Name of program and date requested:

_____ Dates _____ Lutheridge Lutherock
 Luther Springs (FL)

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 and 2nd choice)

Crow's Nest Stone Lodge Other _____

Roommate preference _____

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

PAYMENT INFORMATION: (Online registrations will require Visa or MasterCard payment and the three digit security/CVC code.)

Total Enclosed \$ _____ Check Money Order Visa Mastercard

Please charge my credit card:

Card number _____ Expiration date _____ CVC code* _____
*3 digit code from back of card

Name of Cardholder _____ Signature _____

PLEASE NOTE CANCELLATION POLICY IN BROCHURE 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 at least a minimum **non-refundable, non-transferable** deposit of \$150/adult and \$50/child (17 & under). Mail to

Registration Office; LLMI; 28 Spruce Drive; Arden, NC 28704. Make checks payable to LLMI for

Lutheridge/Lutherock programs and make checks payable to LOMF for Luther Springs programs.

There will be a \$30 return check fee if there are insufficient funds in your account.

If questions, call 828-684-2361 or fax to 828-684-5196.

FOR OFFICE USE ONLY:

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