

2011-12 Retreat Season (Non-Summer) Adult/Family Registration Form

Please print and use one form per person or per family unit. Copy as needed. Or register online www.llmi.net or www.lomfla.org.
DO NOT USE THIS FORM FOR FAITH ALIVE! AT LUTHERIDGE OR YOUTH PROGRAMS AT LUTHER SPRINGS

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

Address _____ City _____ State _____ Zip _____

Home phone (_____) _____ Please circle: work or 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: _____

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 _____

Luther Springs housing preference: (please indicate 1st and 2nd choice)

Kuehner Conference Center Morgan Village Cabin RV sites Other _____

Roommate preference _____

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

For Handbells ONLY:

Part of a choir – Name: _____ # of fee of tables needed: _____ Feet

Track: Intermediate Advanced Octaves in Choir: 2 3 4 5

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 on card _____ 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 \$125/adult and \$25/child (17 & under). Mail to

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

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 _____