

## 2010 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](http://www.llmi.net))

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:  
\_\_\_\_\_

**OPTIONAL** (for use by our Cross Cultural 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 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choice)

Kohnjoy  Thornburg  Bacot  Carla/H&H  Lakeside Village Cabins  Other \_\_\_\_\_

Lutherock housing preference: (please indicate 1<sup>st</sup> and 2<sup>nd</sup> 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 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 _____