

# 2010 LUTHERIDGE CAMPFIRMATION CAMPER Registration

(Please print, using a separate form for each camper)

Camper First & Last Name Used \_\_\_\_\_ **OM OF**

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

09-10 School Grade \_\_\_\_\_ Date of birth \_\_\_\_\_

Parent/Guardian Name (first) \_\_\_\_\_ (last) \_\_\_\_\_ Mr Mrs Ms Dr Rev

Parent email address \_\_\_\_\_ Day phone (\_\_\_\_) \_\_\_\_\_

Camper email address (if applicable) \_\_\_\_\_

Name of person registering camper (if different from above) \_\_\_\_\_

Email address of person registering camper (if different from above) \_\_\_\_\_

Home church name & location \_\_\_\_\_

Roommate Request \_\_\_\_\_

**\*\*You may request one other person as a roommate. To be paired together, that person must also request you as roommate.**

**OPTIONAL** (for use by our Cross Cultural Team) – Please check appropriate box:

- American Indian    Asian/Pacific Islander    Black/African American    Hispanic/Latino  
 White/Caucasian

Please list any special needs (i.e. dietary) here \_\_\_\_\_

<b>Lutheridge Confirmation Camp</b>	
Check the week that you will be attending:	
[ ] June 6-12	[ ] June 27-July 3
[ ] June 13-19	[ ] July 18-24
[ ] June 20-26	[ ] August 1-7
_____	
<b>CLUSTER NAME</b>	

**PLEASE NOTE CANCELLATION POLICY IN PROGRAM MATERIALS OR ONLINE – CALL WITH ANY QUESTIONS, AS POLICY WILL BE ENFORCED!**

Mail completed registrations **TOGETHER** with a **non-refundable** deposit of \$125 per camper 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.

<b>FOR OFFICE USE ONLY:</b>	
Date rec'd _____	Fee _____
Check # _____	Amt Rec'd _____
Credits _____	Balance due _____
Session _____	Program _____