

2010 LUTHEROCK CONFIRMATION 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 _____

Lutherock Confirmation Camp		
Check the week that you will be attending:		
[] June 6-12	[] June 13-19	[] June 20-26
[] June 27-July 3	[] July 4-10	[] July 11-17
[] July 18-24	[] July 25-31	[] August 1-7
_____ CLUSTER NAME (if church is in a cluster)		

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:

Registrar, 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 Rec'd _____
Credits _____	Balance due _____
Session _____	Program _____