

2010 LUTHERIDGE CAMPFIRMATION LEADER Registration

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

- Male
 Female

First name or "goes by" name _____ Last name _____

Mrs Ms Mr Rev Rev Dr Dr

Mailing Address _____

City _____ State _____ Zip _____

Wk Telephone _____ Alternate Telephone _____ Cell Home

Email address _____

Home church name & location _____

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

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

Housing preference (indicate 1st/2nd choices)

___ Thornburg ___ Kohnjoy (higher rate-see info letter) ___ Other (please specify _____)

Roommate request _____

Single Room: ___ Preferred (roommate will be assigned if single room is unavailable) **NO SINGLES IN KOHNJOY!**
___ Must have (if unavailable on camp, we will contact you so that you can make alternate housing arrangements off-site)

Allergies, dietary needs or health conditions requiring treatment, restriction, or other accommodations while on site:

If other family members will be staying/eating with you, please contact LLMI to verify housing availability and then list them here and include their deposit or full payment with your payment:

Adult _____ Children (list names and ages) _____

Lutheridge Confirmation Camp
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

CLUSTER NAME

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 leader 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 rec'd _____
Credits _____ Balance due _____
Session/Program _____ Housing assignment _____