

2010 LUTHEROCK CONFIRMATION LEADER Registration

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

First name or "goes by" name _____ Last name _____ Male
 Female
OMrs OMs OMr ORev ORev Dr ODr
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)

___ Crow's Nest ___ Stone Lodge ___ Other (please specify _____)

Roommate request _____

Single Room: ___ Preferred (roommate will be assigned if single room is unavailable)

___ 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) _____

Lutherock Confirmation Camp Check the week that you will be attending:

- | | | |
|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> June 6-12 | <input type="checkbox"/> June 13-19 | <input type="checkbox"/> June 20-26 |
| <input type="checkbox"/> June 27-July 3 | <input type="checkbox"/> July 4-10 | <input type="checkbox"/> July 11-17 |
| <input type="checkbox"/> July 18-24 | <input type="checkbox"/> July 25-31 | <input type="checkbox"/> 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:

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 _____	Housing assignment _____