

# 2010 LUTHEROCK OUTDOOR ADVENTURE 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 (\_\_\_\_) \_\_\_\_\_

08-09 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>Lutherock Outdoor Adventure Camp</b>                                  |                |                |
| Check the week that you will be attending and write in the program name: |                |                |
| [ ] 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 |
| _____<br><b>NAME OF OAP</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 (unless you are a “Buyout” group in which case the deposit would have already been submitted) to:

**Registrar; LLMI; 2049 Upper Laurel Drive; Arden NC 28704.** Make checks payable to LLMI.

If questions, call 828-684-2361 or fax to 828-687-1600

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