

# 2010 LUTHEROCK OUTDOOR ADVENTURE CHAPERONE Registration

(Please print, using a separate form for each participant/chaperone)

First name or "goes by" name \_\_\_\_\_ Last name \_\_\_\_\_  Male  
 Female  
 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 1<sup>st</sup>/2<sup>nd</sup> 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:

\_\_\_\_\_  
\_\_\_\_\_

<b>Lutherock Outdoor Adventure Camp</b>		
Check the week that you will be attending and write in the program name:		
<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
_____ <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 leader (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 _____
Discounts _____	Balance due _____
Session _____	Program _____