

Get Inspired!



2016 Summer Program Youth Registration Form

Fax registration to 828-687-1600, email to registration@novusway.com; or register online at www.novusway.com;

Camper First Name _____	Last Name _____
Birth date _____	2015-2016 School Grade _____ Gender _____ Camper email _____
By providing my child's email address, I agree to receive NovusWay e-news/blog emails. I may opt out at any time via options presented in those communications.	

CAMP SESSION: Lutheridge Lutherock Luther Springs I wish to attend BOTH weeks listed below.

1st choice: Week dates __June__ 5-9,2016 _____ Program Title ____Lutheranch /Birmingham Confirmation ____
2nd choice: Week dates _____ Program Title _____

PRIMARY HOUSEHOLD INFORMATION: Address _____

City _____ State _____ Zip Code _____ Home Phone _____

First Parent/Guardian: First Name _____ Last Name _____
Relationship to Camper _____ Email _____

By providing my email address, I agree to receive NovusWay e-news/blog emails. I may opt out at any time via options presented in those communications.

Work phone _____ Cell Phone _____

Second Parent/Guardian: First Name _____ Last Name _____
Relationship to Camper _____ Email _____

By providing my email address, I agree to receive NovusWay e-news/blog emails. I may opt out at any time via options presented in those communications.

Work phone _____ Cell Phone _____

EMERGENCY CONTACT:

First Name _____ Last Name _____ Relationship to Camper _____
Home phone _____ Cell phone _____ Work phone _____

In an emergency, we will first attempt to contact a parent/guardian. If they cannot be reached, the emergency contact listed above will be our next call.

Roommate Preference: (List no more than two. Each must request the other.) _____

Note any allergies, dietary needs or health conditions requiring treatment, restriction, or special accommodations while at camp.

Special request from our CrossCultural Team (check appropriate box):

American Indian Asian/Pacific Islander Black/African American Hispanic/Latino White/Caucasian Prefer not to answer

Name of Home Church _____ **City/State** _____

Lutheridge Campfirmation/Lutherock Confirmation Cluster Name _____ **Birmingham** _____

My child will Ride Lutheridge-Lutherock Shuttle. Shuttle Date **TO** Rock _____ /Shuttle Date **FROM** Rock _____

PAYMENT INFORMATION: Person responsible for paying camper's fee is _____

Total payment \$__265_____ Check/Money Order MasterCard VISA Discover

Name on card _____ Credit card # _____

Expiration date _____ Signature _____

Scholarship Requested (application is attached) Please use ONE registration form per camper

If you have questions or need registration assistance, please call us at 828-209-6329