

Get Inspired!



## Summer YOUTH Registration Form

Fax registration to 828-687-1600, email to [registration@novusway.com](mailto:registration@novusway.com); or register online at [www.novusway.com](http://www.novusway.com);

Camper First Name _____	Last Name _____
Birth date _____	Grade Just Completed _____ Gender _____

**CAMP of Choice:** Lutheridge Lutherock Luther Springs Lutheranch

If child is coming multiple weeks please list them all here

Week dates \_\_\_\_\_ Program Name \_\_\_\_\_

Week dates \_\_\_\_\_ Program Name \_\_\_\_\_

**PRIMARY HOUSEHOLD INFORMATION:** Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

**First Parent/Guardian:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_ Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Second Parent/Guardian:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_ Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**EMERGENCY CONTACT:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Home phone \_\_\_\_\_ Cell 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.**

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

**Name of Home Church** \_\_\_\_\_ **City/State** \_\_\_\_\_

**Will Church be paying for Camp ? YES/NO**      **If Yes, How Much are they paying?** \_\_\_\_\_

**Where should we mail their bill:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**PAYMENT INFORMATION:** Person responsible for paying camper's fee is \_\_\_\_\_

Total payment \$ \_\_\_\_\_ Check/Money Order MasterCard VISA Discover AMEX

Name on card \_\_\_\_\_ Credit card # \_\_\_\_\_

Expiration date \_\_\_\_\_ Security Code: \_\_\_\_\_ Signature \_\_\_\_\_

Please use ONE registration form per camper

*If you have questions or need registration assistance, please call us at 828-209-6302 or by emailing [registratio@novusway.com](mailto:registratio@novusway.com)*