

Get Inspired!



Summer 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 _____ 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