

LUTHER SPRINGS



2010/2011 Non-Summer YOUTH Registration Form

Please print and use one form per camper. Copy as needed.
(or register online www.lomfla.org)

Camper **First & Last** Name Used _____ Male Female

Address _____ Phone (____) _____

City _____ State _____ Zip _____

School Grade _____ Date of Birth _____ Camper Email* _____

*By providing, Luther Springs is given permission to email the camper.

OPTIONAL (for use by our Cross Cultural Team) – Please check appropriate box:

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

Parent/Guardian Name (first) _____ (last) _____ Mr Mrs Ms Dr Rev

Email: _____ Church name/location: _____

Program requested:

Program Name _____ Dates _____ Luther Springs (FL)

Roommate Request _____

Luther Springs Staff have my permission to seek emergency medical treatment for my child.

Parent/Guardian Signature: _____

Emergency Contact: _____ Phone: (____) _____

PAYMENT INFORMATION: (Online registrations will require Visa or MasterCard payment and the three digit security code.)

Total Enclosed \$ _____ Check Money Order Visa Mastercard

Please charge my credit card:

Card number _____ Expiration date _____ CVC code* _____
*3 digit code from back of card

Name on card _____ Signature _____

PLEASE NOTE CANCELLATION POLICY IN BROCHURE OR ONLINE – CALL WITH ANY QUESTIONS

Mail with full payment to: **Registration Office; Luther Springs; 28 Spruce Drive; Arden, NC 28704.**

Make checks payable to Luther Springs.

If questions, call 828-684-2361 or fax to 828-684-5196.

FOR OFFICE USE ONLY:

Date rec'd _____	Fee _____
Check # _____	Amt Recvd _____
Credits _____	Balance Due _____
Session _____	Program _____