

**LUTHER SPRINGS**



**2011/2012 Non-Summer YOUTH Registration Form**

Please print and use one form per camper. Copy as needed.  
(or register online [www.lomfla.org](http://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 _____