

2010 Summer Program Youth Registration Form

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

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

Address _____ Phone (____) _____

City _____ State _____ Zip _____

09-10 School Grade _____ Date of Birth _____ Camper Email* _____
*By providing an email address, LLMI 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: _____

Camp week/program requested:

1st Choice _____ Dates _____ Lutheridge Lutherock
 Luther Springs (FL)

If 1st choice unavailable, please note a 2nd choice below. If you wish to attend a 2nd camp week, please check the box below and proceed with listing your 2nd week program and dates.

I wish to attend 2 weeks of camp. The 2nd week choice is listed below.

2nd Choice _____ Dates _____ Lutheridge Lutherock
 Luther Springs (FL)

Roommate Request (please read roommate policy first) _____

SPECIAL NEEDS:

I need weekend camper service: (date) _____ (\$65/date/person)

I need transportation between camps: Sun. Date: _____ (Ridge to Rock) Sat. Date: _____ (Rock to Ridge)
(\$40 one-way/person or \$75 round-trip/person)

Other needs (i.e. dietary): _____

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, at minimum, a **non-refundable, non-transferable deposit of \$125 per week** to:

Registration Office; LLMI; 28 Spruce Drive; Arden, NC 28704. Make checks payable to LLMI.

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 _____