

2012 Summer Program Adult/Family Registration Form

Please print and use one form per family unit. Copy as needed.

Register online: www.llmi.net for Lutheridge/Lutherock and www.lomfla.org for Luther Springs

First Participant Title _____ First Name _____ Last Name _____

Work phone _____ Cell Phone/Pager _____ email address _____

(By providing this email, I am agreeing to be on the enews/blog email list but may opt out at any time through options presented within those communications.)

Second Participant Title _____ First Name _____ Last Name _____

Work phone _____ Cell Phone/Pager _____ email address _____

(By providing this email, I am agreeing to be on the enews/blog email list but may opt out at any time through options presented within those communications.)

Name(s) and age(s) of child(ren) attending your program with you: _____

Name of program requested: _____ Lutheridge _____ Lutherock _____ Luther Springs

1st choice: Week dates _____ Program Title _____

2nd choice: Week dates _____ Program Title _____

_____ I wish to attend BOTH weeks listed above.

Primary Household Information

Address _____ City _____ State _____ Zip Code _____

Home Phone _____

Emergency Contact Information

In an emergency, we will first attempt to contact the parents/guardians. If they cannot be reached, the camp will contact the below authorized emergency contacts:

Contact First Name _____ Last Name _____

Home phone _____ Work phone _____ Cell phone _____

Payee Information (Name of individual who will be providing payment for this registration.) _____

General Comments

Allergies, dietary needs or health conditions requiring treatment, restriction, or other accommodation while on site:

Special request from our CrossCultural Team (check appropriate box):

American Indian Asian/Pacific Islander Black/African American Hispanic/Latino White/Caucasian Prefer no answer

Home Church Name _____ City/State _____

Lutheridge Campfirmation Cluster Name _____

Lutherock Confirmation Cluster Name _____

Roommate Preference _____

Lutheridge housing preference (please indicate 1st, 2nd, and 3rd choice)

Kohnjoy Thornburg Bacot Carla/H&H Lakeside Village Other _____

Lutherock housing preference (please indicate 1st and 2nd choice)

Crow's Nest Stone Lodge Other _____

Luther Springs housing preference (please indicate 1st and 2nd choice)

Kuehner Conference Center St. Peter House Other _____

Payment Information Total payment \$ _____ Check/Money Order MasterCard Visa Discover

Credit card # _____ Expiration date _____

Name on card _____ Signature _____

_____ Requested a scholarship (attach completed scholarship form)