

2012 Summer Program Youth Registration Form

Please print and use one form per camper. Copy as needed.

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

Camper Biographical Information

First Name (name camper is called) _____ Last Name _____

Birthdate _____ 2011-12 School Grade _____ Gender _____ Camper email _____

(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)

Camp Session _____ 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 _____

First Parent/Guardian 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 Parent/Guardian 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.)

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 _____

Shuttle Bus Dates Shuttle Dates TO Rock _____ Shuttle Dates FROM Rock _____

Roommate Preference (request no more than two and all must request each other) _____

Florida Bus Trip – Pick-up Locations

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)