

Get Inspired!



Retreat Season (Fall/Winter/Spring) YOUTH Registration Form

Please print and use one form per person or per family unit. Copy as needed. Or register online at www.novusway.com.

Participants Name _____ Male Female
(As it should appear on your nametag)

Date of Birth: _____ Grade Currently in: _____

Name of program _____ Dates _____

Please select which camp the program is at: Lutheridge Lutherock Luther Springs (FL) Lutheranch (GA)

Do any of the following apply? Individual Participant Group Participant

Parent Guardian Name: _____ Phone: _____
Additional Phone: _____ Email: _____

Parent Guardian Name: _____ Phone: _____
Additional Phone: _____ Email: _____

Address _____ City _____ State _____ Zip _____

Home phone (____) _____

Emergency Contact Name: _____ Phone: _____ Relation _____
Emergency Contact Name: _____ Phone: _____ Relation _____

Church Name: _____ Location: _____

Rommmate Request: _____

Dietary Need/Food Allergies: _____

Other Concerns: _____

PAYMENT INFORMATION: Full payment is due with registration. Online registrations require credit card payment.

Total Enclosed \$ _____ Check Money Order Visa MasterCard Discover Card AMEX

Please charge my credit card: Card number _____ Expiration date _____

3 Digit Security Code: _____ Name on card _____

Signature _____

CANCELLATION POLICY for programs of three nights or less: Cancellation requests must be in writing. Email to registration@novusway.com, fax to 828-687-1600 or mail to NovusWay Registration, 2049 Upper Laurel Drive, Arden, NC 28704. All Cancellations are subject to a 35% administrative charge. If you cancel with less than 10 days notice, we regretfully will be unable to credit or refund any registration fees.

NovusWay Registration • 828-209-6302 • fax 828-687-1600 • registration@novusway.com • www.novusway.com