

**LUTHERIDGE****LUTHEROCK****LUTHERSPRINGS****LUTHERANCH**

YOUTH GROUP REGISTRATION FORM

Please complete all fields for each participant in your group.

Question about permission to photograph relates to photos being taken and used on our social media sites and marketing publications.

Program Name _____**Program Dates** _____**Location**

Lutheridge (NC)

Lutherock (NC)

Lutheranch (GA)

Luther Springs (FL)

Church/Group Name _____**Phone Number** _____**Street Address** _____ **City** _____ **State** _____ **Zip** _____

BILLING INFORMATION

Will Church/Group Be Paying For The Group? **Yes** **NO** **If So, How Much Are They Paying?** _____**Billing Address** _____ **City** _____ **State** _____ **Zip** _____**Email Address** _____ **Phone** _____ **Fax** _____

If you'd like to go ahead and provide your payment information, please do so here. Payment will be processed immediately.

Name on Card _____**Payment Type** (Visa, MC, etc...) _____**Card Number** _____**Expiration** _____ **CVC** _____**Total Amount to Be Paid Today** **\$** _____**Signature** (by signing you agree to be charged the above amount) _____ **Date** _____

GROUP LEADER/CHAPERONE INFORMATION

Leader/Chaperone Name	Phone Number		
Email Address	Date of Birth	Gender	
Will Leader attend the program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Permission to Photograph <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address	City	State	Zip
Roommate Request	Allergy/Dietary Needs		
Mobility Concerns			
Emergency Contact Name	Relation	Phone	
Leader/Chaperone Name	Phone Number		
Email Address	Date of Birth	Gender	
Will Leader attend the program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Permission to Photograph <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address	City	State	Zip
Roommate Request	Allergy/Dietary Needs		
Mobility Concerns			
Emergency Contact Name	Relation	Phone	

GROUP PARTICIPANT INFORMATION

Name	Date of Birth	Gender	Grade
Roommate Request	Allergy/Dietary Needs		
Permission to Photograph <input type="checkbox"/> Yes <input type="checkbox"/> No	Permission to Transport <input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent/Guardian Name	Parent/Guardian Name		
Email	Phone	Email	Phone
Street Address	City	State	Zip
Emergency Contact Name	Relation	Phone	

Name _____ Date of Birth _____ Gender _____ Grade _____

Roommate Request _____ Allergy/Dietary Needs _____

Permission to Photograph Yes No Permission to Transport Yes No

Parent/Guardian Name _____ Parent/Guardian Name _____

Email _____ Phone _____ Email _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

Emergency Contact Name _____ Relation _____ Phone _____

Name _____ Date of Birth _____ Gender _____ Grade _____

Roommate Request _____ Allergy/Dietary Needs _____

Permission to Photograph Yes No Permission to Transport Yes No

Parent/Guardian Name _____ Parent/Guardian Name _____

Email _____ Phone _____ Email _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

Emergency Contact Name _____ Relation _____ Phone _____

Name _____ Date of Birth _____ Gender _____ Grade _____

Roommate Request _____ Allergy/Dietary Needs _____

Permission to Photograph Yes No Permission to Transport Yes No

Parent/Guardian Name _____ Parent/Guardian Name _____

Email _____ Phone _____ Email _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

Emergency Contact Name _____ Relation _____ Phone _____

Name _____ Date of Birth _____ Gender _____ Grade _____

Roommate Request _____ Allergy/Dietary Needs _____

Permission to Photograph Yes No Permission to Transport Yes No

Parent/Guardian Name _____ Parent/Guardian Name _____

Email _____ Phone _____ Email _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

Emergency Contact Name _____ Relation _____ Phone _____

Name _____ Date of Birth _____ Gender _____ Grade _____

Roommate Request _____ Allergy/Dietary Needs _____

Permission to Photograph Yes No Permission to Transport Yes No

Parent/Guardian Name _____ Parent/Guardian Name _____

Email _____ Phone _____ Email _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

Emergency Contact Name _____ Relation _____ Phone _____

Name _____ Date of Birth _____ Gender _____ Grade _____

Roommate Request _____ Allergy/Dietary Needs _____

Permission to Photograph Yes No Permission to Transport Yes No

Parent/Guardian Name _____ Parent/Guardian Name _____

Email _____ Phone _____ Email _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

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Street Address _____ City _____ State _____ Zip _____

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Emergency Contact Name _____ Relation _____ Phone _____