



# NovusWay Ministries

## ADULT or FAMILY REGISTRATION FORM

Name of Program	Dates	Location
_____	_____	<input type="checkbox"/> Lutheridge (NC)
Participant Name (Full Name)		<input type="checkbox"/> Lutherock (NC)
_____		<input type="checkbox"/> LutherSprings (FL)
		<input type="checkbox"/> Lutheranch (GA)
Gender (M / F)	DOB (MM/DD/YYYY)	
_____	_____	
Email Address (abc@123.com)	Home Phone	Cell Phone
_____	_____	_____

### Household Information

Street Address (123 Somewhere St, Apt. 5)	City, State Zip (City, ST 12345)
_____	_____
Church Name (Where you attend)	Church Location (City, State)
_____	_____

### Additional Information

Roommate Request (if you wish to have a single room write "Single" or "N/A", additional fees may apply)

\_\_\_\_\_

Dietary Needs	Food Allergies
_____	_____

Other Concerns (Mobility, Behavior, etc.)

\_\_\_\_\_

Permission to Photograph \_\_\_\_\_ (Y/N)  
*Photographs taken while at camp may be used in social media posts or in printed publications.*

Permission to Transport \_\_\_\_\_ (Y/N)  
*Permission to transport camper off site for adventure activities or in the event of an emergency.*

### Additional Family Members (if you are coming to family/grandparent's camp)

Name	Gender	DOB	Dietary Needs/Food Allergies
Name	Gender	DOB	Dietary Needs/Food Allergies
Name	Gender	DOB	Dietary Needs/Food Allergies
Name	Gender	DOB	Dietary Needs/Food Allergies

### Billing Information

Select your payment method below. (Deposits are due at the time of registration)

#### Personal Billing Information

**I plan to pay camp fees** \_\_\_\_\_ (Y/N)

Total Amount (Dollar amount to be charged today)

\_\_\_\_\_

Name on the Card

\_\_\_\_\_

Card Number

\_\_\_\_\_

Expiration (MM/YY)

\_\_\_\_\_

CVC (123)

\_\_\_\_\_

Signature\* (You agree to be charged the above amount)

\_\_\_\_\_

#### Church Billing Information

**Bill my church for camp fees** \_\_\_\_\_ (Y/N)

Total Amount (Dollar amount to be billed to church)

\_\_\_\_\_

Church Name

\_\_\_\_\_

Street Address

\_\_\_\_\_

City,State

\_\_\_\_\_

Zip

\_\_\_\_\_

For more information contact the registration office at: 828-209-6302,  
[registration@novusway.org](mailto:registration@novusway.org) 2049 Upper Laurel Drive, Arden NC 28704