



GRANDPARENT'S CAMP REGISTRATION FORM

Program Name _____ Program Dates _____

Location Lutheridge (NC) Lutherock (NC) Lutheranch (GA) Luther Springs (FL)

Housing Preference _____ Will you need an extra room _____

(Extra Rooms will be provided for families of 5 or more without charge, There will be a charge for extra rooms for families with less than 5)

Grandparent Name _____ Gender _____ Date of Birth _____

Email Address _____ Phone _____

Food/Dietary Restrictions _____ Mobility Concerns _____

Permission to Photograph Yes NO (Photographs may be used in social media post and printed publications)

Grandparent Name _____ Gender _____ Date of Birth _____

Email Address _____ Phone _____

Food/Dietary Restrictions _____ Mobility Concerns _____

Permission to Photograph Yes NO (Photographs may be used in social media post and printed publications)

Street Address _____ City _____

State _____ Zip _____ Home Phone _____

Will you be paying for everyone's fees? Yes NO

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

Billing Address _____ City _____ State _____ Zip _____

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 _____

GRANDCHILD REGISTRATION INFORMATION

Name _____ Date of Birth _____ Gender _____
Grade _____ Food/Dietary Restrictions _____
Parent Name _____ Parent Name _____
Email _____ Email _____
Cell _____ Work _____ Cell _____ Work _____
Permission to Photograph Yes No

Name _____ Date of Birth _____ Gender _____
Grade _____ Food/Dietary Restrictions _____
Parent Name _____ Parent Name _____
Email _____ Email _____
Cell _____ Work _____ Cell _____ Work _____
Permission to Photograph Yes No

Name _____ Date of Birth _____ Gender _____
Grade _____ Food/Dietary Restrictions _____
Parent Name _____ Parent Name _____
Email _____ Email _____
Cell _____ Work _____ Cell _____ Work _____
Permission to Photograph Yes No

Name _____ Date of Birth _____ Gender _____
Grade _____ Food/Dietary Restrictions _____
Parent Name _____ Parent Name _____
Email _____ Email _____
Cell _____ Work _____ Cell _____ Work _____
Permission to Photograph Yes No