



Non-Summer YOUTH Registration Form

Please print and use one form per person or per family unit.

Or register online at www.novusway.com

Camper **First & Last** Name Used _____ Male Female

Address _____ Home Phone _____

City _____ State _____ Zip _____ Cell _____

School Grade _____ Date of Birth _____ Camper Email* _____

*By providing, NovusWay is given permission to email the camper.

OPTIONAL (for use by our Cross Cultural Team) – Please check appropriate box:

- American Indian Asian/Pacific Islander Black/African American
- Hispanic/Latino White/Caucasian Prefer not to answer

Parent/Guardian Name (first & last) _____ Mr Mrs Ms Dr Rev

Email: _____ Church name/location: _____

Program requested:

Program Name _____ Dates _____

Which Camp: ___Lutheridge ___Lutherock ___Luther Springs ___Lutheranch

Roommate Request _____

List any Dietary Restrictions or Food Allergies: _____

NovusWay Inc, Camp Staff have my permission to seek emergency medical treatment for my child.

Parent/Guardian Signature: _____

Emergency Contact: _____ Phone: _____

PAYMENT INFORMATION: Full payment is due with registration. Online registrations require Visa, MasterCard, Discover or American Express card payment.

Total Enclosed \$ _____ Check Money Order Credit Card

Card number _____ Expiration date _____ 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. If a registration is cancelled at least 10 days prior to the opening day for a program, you may request a 50% refund less 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.