



Registration Office
 2049 Upper Laurel Dr.
 Arden NC 28704
 www.novusway.org/ 828-209-6302

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? Yes No Permission to Photograph Yes 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? Yes No Permission to Photograph Yes 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 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 _____

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 _____
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 _____