



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

ADULT 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** _____

Housing Preference 1: _____ **Housing Preference 2:** _____

(We will make every attempt to keep your group housed together; However, housing is based on a first come first serve basis and on the ability of the group to fill the space)

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 INFORMATION

Group Leader 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 _____

Email Address _____

Phone Number _____

Street Address _____

City _____ State _____ Zip _____

Roommate Request _____

Allergy/Dietary Needs _____

Permission to Photograph Yes No

Mobility Concerns _____

Emergency Contact Name _____

Relation _____ Phone _____

Name _____

Date of Birth _____ Gender _____

Email Address _____

Phone Number _____

Street Address _____

City _____ State _____ Zip _____

Roommate Request _____

Allergy/Dietary Needs _____

Permission to Photograph Yes No

Mobility Concerns _____

Emergency Contact Name _____

Relation _____ Phone _____

Name _____

Date of Birth _____

Gender _____

Email Address _____

Phone Number _____

Street Address _____

City _____

State _____

Zip _____

Roommate Request _____

Allergy/Dietary Needs _____

Permission to Photograph

Yes

No

Mobility Concerns _____

Emergency Contact Name _____

Relation _____

Phone _____

Name _____

Date of Birth _____

Gender _____

Email Address _____

Phone Number _____

Street Address _____

City _____

State _____

Zip _____

Roommate Request _____

Allergy/Dietary Needs _____

Permission to Photograph

Yes

No

Mobility Concerns _____

Emergency Contact Name _____

Relation _____

Phone _____

Name _____

Date of Birth _____

Gender _____

Email Address _____

Phone Number _____

Street Address _____

City _____

State _____

Zip _____

Roommate Request _____

Allergy/Dietary Needs _____

Permission to Photograph

Yes

No

Mobility Concerns _____

Emergency Contact Name _____

Relation _____

Phone _____

Name _____

Date of Birth _____

Gender _____

Email Address _____

Phone Number _____

Street Address _____

City _____

State _____

Zip _____

Roommate Request _____

Allergy/Dietary Needs _____

Permission to Photograph

Yes

No

Mobility Concerns _____

Emergency Contact Name _____

Relation _____

Phone _____

Name _____

Date of Birth _____

Gender _____

Email Address _____

Phone Number _____

Street Address _____

City _____

State _____

Zip _____

Roommate Request _____

Allergy/Dietary Needs _____

Permission to Photograph

Yes

No

Mobility Concerns _____

Emergency Contact Name _____

Relation _____

Phone _____

Name _____

Date of Birth _____

Gender _____

Email Address _____

Phone Number _____

Street Address _____

City _____

State _____

Zip _____

Roommate Request _____

Allergy/Dietary Needs _____

Permission to Photograph

Yes

No

Mobility Concerns _____

Emergency Contact Name _____

Relation _____

Phone _____

Name _____

Date of Birth _____

Gender _____

Email Address _____

Phone Number _____

Street Address _____

City _____

State _____

Zip _____

Roommate Request _____

Allergy/Dietary Needs _____

Permission to Photograph

Yes

No

Mobility Concerns _____

Emergency Contact Name _____

Relation _____

Phone _____

Name _____

Date of Birth _____

Gender _____

Email Address _____

Phone Number _____

Street Address _____

City _____

State _____

Zip _____

Roommate Request _____

Allergy/Dietary Needs _____

Permission to Photograph

Yes

No

Mobility Concerns _____

Emergency Contact Name _____

Relation _____

Phone _____

Name _____

Date of Birth _____

Gender _____

Email Address _____

Phone Number _____

Street Address _____

City _____

State _____

Zip _____

Roommate Request _____

Allergy/Dietary Needs _____

Permission to Photograph

Yes

No

Mobility Concerns _____

Emergency Contact Name _____

Relation _____

Phone _____

Name _____

Date of Birth _____

Gender _____

Email Address _____

Phone Number _____

Street Address _____

City _____

State _____

Zip _____

Roommate Request _____

Allergy/Dietary Needs _____

Permission to Photograph

Yes

No

Mobility Concerns _____

Emergency Contact Name _____

Relation _____

Phone _____

Name _____

Date of Birth _____

Gender _____

Email Address _____

Phone Number _____

Street Address _____

City _____

State _____

Zip _____

Roommate Request _____

Allergy/Dietary Needs _____

Permission to Photograph

Yes

No

Mobility Concerns _____

Emergency Contact Name _____

Relation _____

Phone _____

Name _____

Date of Birth _____

Gender _____

Email Address _____

Phone Number _____

Street Address _____

City _____

State _____

Zip _____

Roommate Request _____

Allergy/Dietary Needs _____

Permission to Photograph

Yes

No

Mobility Concerns _____

Emergency Contact Name _____

Relation _____

Phone _____