



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)  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 \_\_\_\_\_

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Phone Number \_\_\_\_\_

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Roommate Request \_\_\_\_\_

Allergy/Dietary Needs \_\_\_\_\_

Permission to Photograph  Yes  No

Mobility Concerns \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relation \_\_\_\_\_ Phone \_\_\_\_\_

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State \_\_\_\_\_

Zip \_\_\_\_\_

Roommate Request \_\_\_\_\_

Allergy/Dietary Needs \_\_\_\_\_

Permission to Photograph

Yes

No

Mobility Concerns \_\_\_\_\_

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