



NovusWay Ministries

ADULT or FAMILY REGISTRATION FORM

Name of Program _____

Dates _____

Location

Lutheridge (NC)

Lutherock (NC)

Luther Springs (FL)

Participant Name (Full Name) _____

Gender (M / F) _____

DOB (MM/DD/YYYY) _____

Email Address (abc@123.com) _____

Home Phone _____

Cell Phone _____

Household Information

Street Address (123 Somewhere St, Apt. 5) _____

City, State Zip (City, ST 12345) _____

Church Name (Where you attend) _____

Church Location (City, State) _____

Additional Information

Roommate Request (if you wish to have a single room write "Single" or "N/A", additional fees may apply) _____

Dietary Needs _____

Food Allergies _____

Other Concerns (Mobility, Behavior, etc.) _____

Permission to Photograph _____ (Y/N)
Photographs taken while at camp may be used in social media posts or in printed publications.

Permission to Transport _____ (Y/N)
Permission to transport camper off site for adventure activities or in the event of an emergency.

Additional Family Members (if you are coming to family/grandparent's camp)

Name	Gender	DOB	Dietary Needs/Food Allergies
Name	Gender	DOB	Dietary Needs/Food Allergies
Name	Gender	DOB	Dietary Needs/Food Allergies
Name	Gender	DOB	Dietary Needs/Food Allergies

Billing Information

Select your payment method below. (Deposits are due at the time of registration)

Personal Billing Information

I plan to pay camp fees _____ (Y/N)

Total Amount (Dollar amount to be charged today)

Name on the Card

Card Number

Expiration (MM/YY)

CVC (123)

Signature* (You agree to be charged the above amount)

Church Billing Information

Bill my church for camp fees _____ (Y/N)

Total Amount (Dollar amount to be billed to church)

Church Name

Street Address

City,State

Zip

For more information contact the registration office at: 828-209-6302,
registration@novusway.org 2049 Upper Laurel Drive, Arden NC 28704