



## GRANDPARENT'S CAMP REGISTRATION FORM

Program Name \_\_\_\_\_ Program Dates \_\_\_\_\_

Location  Lutheridge (NC)  Lutherock (NC)  Lutheranch (GA)  Luther Springs (FL)

Housing Preference \_\_\_\_\_ Will you need an extra room \_\_\_\_\_

(Extra Rooms will be provided for families of 5 or more without charge, There will be a charge for extra rooms for families with less than 5)

Grandparent Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Food/Dietary Restrictions \_\_\_\_\_ Mobility Concerns \_\_\_\_\_

Permission to Photograph  Yes  NO (Photographs may be used in social media post and printed publications)

Grandparent Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Food/Dietary Restrictions \_\_\_\_\_ Mobility Concerns \_\_\_\_\_

Permission to Photograph  Yes  NO (Photographs may be used in social media post and printed publications)

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Will you be paying for everyone's fees? Yes  NO

If you'd like to go ahead and provide your payment information, please do so here. Payment will be processed immediately.

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 \_\_\_\_\_

# GRANDCHILD REGISTRATION INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Grade \_\_\_\_\_ Food/Dietary Restrictions \_\_\_\_\_  
Parent Name \_\_\_\_\_ Parent Name \_\_\_\_\_  
Email \_\_\_\_\_ Email \_\_\_\_\_  
Cell \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Permission to Photograph  Yes  No

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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Grade \_\_\_\_\_ Food/Dietary Restrictions \_\_\_\_\_  
Parent Name \_\_\_\_\_ Parent Name \_\_\_\_\_  
Email \_\_\_\_\_ Email \_\_\_\_\_  
Cell \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Permission to Photograph  Yes  No

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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Grade \_\_\_\_\_ Food/Dietary Restrictions \_\_\_\_\_  
Parent Name \_\_\_\_\_ Parent Name \_\_\_\_\_  
Email \_\_\_\_\_ Email \_\_\_\_\_  
Cell \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Permission to Photograph  Yes  No

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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Grade \_\_\_\_\_ Food/Dietary Restrictions \_\_\_\_\_  
Parent Name \_\_\_\_\_ Parent Name \_\_\_\_\_  
Email \_\_\_\_\_ Email \_\_\_\_\_  
Cell \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Permission to Photograph  Yes  No