



NovusWay Ministries

Registration Office  
2049 Upper Laurel Dr.  
Arden NC 28704

[www.novusway.org/](http://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) ☐ 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 \_\_\_\_\_

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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 \_\_\_\_\_  
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Roommate Request \_\_\_\_\_ Allergy/Dietary Needs \_\_\_\_\_

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