



2025 REGISTRATION FORM

Lutherdale Travel Day Trips

N7891 US HIGHWAY 12, ELKHORN WI 53121 | (262)742-2352 | INFO@LUTHERDALE.ORG

Participant Personal Information: One Form Per Person

First Name: _____ Last Name: _____

Birth Date: _____ Gender: _____ Phone Number: _____

Permanent Address: _____

City, State, & Zip Code: _____

Email Address: _____ I do not have email

Indicate which trip(s) you wish to register for below.

- Friday, March 28: Quilters Day Out \$75.00**
- Thursday, July 24: Stars and Seas \$98.00**
- Wednesday, October 15: Cranes & Ducks \$85.00**
- Thursday, November 20: Christmas at House on the Rock \$99.00**

Payment Information

Total Amount Enclosed \$ _____

CHECK CASH CREDIT CARD: Charge \$ _____ to my Visa MC Discover American Express

Card Number _____ Expiration Date _____

CVV Code (on back) _____ Name on Card _____

Signature _____

<i>Office Use Only</i>			
DATE RECVD _____	DEPOSIT \$ _____	<input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHECK # _____	

Emergency Contact *Must be someone other than spouse, if they are on the trip with you*

First Name: _____ Last Name: _____
Gender: _____ Relationship to Participant: _____
Address: _____
City, State & Zip Code: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email Address: _____

2025 Adult Participant Waiver

Media Release: *I give permission for photographs and/or video images of myself to be used in future Lutherdale promotional materials (print publications, website, and social media). Lutherdale will not include names or identifying information to any pictures of participants posted in our promotional materials without direct contact and written documentation of permission on file.*

Yes No

Liability Release: *In consideration of acceptance to Lutherdale Bible Camp, I indemnify and hold harmless Lutherdale Bible Camp, its owners, agents, associates, and staff from any and all liability, claims, damage, injury, exposure to contagious conditions such as COVID-19, or illness sustained by myself.*

Yes No

Exposure Notification: *I will notify the Camp Office (262) 742-2352 if I become aware that I was exposed to or may have contracted a contagious condition prior to the program or up to 7 days after departing Lutherdale.*

Yes No

Final Program Details: *Payment for day trip registration is due upon registration. Refunds for day trips are granted up to 6 weeks before the event. Final details regarding program information and trip details will be sent to participants one month prior. Please indicate how you would like to receive the information.*

Please email them to me Please send me a paper copy

Overnight Accommodations Before/After your Day Trip:

Most day trips start at 8:00 am. Return time is between 4:00 – 6:30 pm. Overnight lodging includes continental breakfast. Hotel Style Lodging in our Hope Center when it's available.

Are you interested in overnight accommodations at Lutherdale the night PRIOR to the bus trip? (this is an additional cost of \$75 per room) Yes No

Are you interested in overnight accommodations at Lutherdale the night you RETURN from the bus trip? (this is an additional cost of \$75 per room) Yes No

2025 Participant Health Form

I have Health Insurance: Yes No

Name of Health Insurance Company: _____

Insurance Policy Number: _____

Do you have any health conditions we should be aware of? Yes (they are checked below) No

- | | |
|--|---|
| <input type="checkbox"/> Heart Disease or Heart Defect | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Respiratory Disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Bleeding or Clotting Disorder | <input type="checkbox"/> Other - Please List: |
| <input type="checkbox"/> Hypertension | |

Are you bringing any medications with you? Yes No

If yes - please list all medications below or attach a separate sheet:

Are you bringing any medical equipment with you? Yes (they are checked below) No

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Oxygen Tank | <input type="checkbox"/> Wheelchair |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Scooter |
| <input type="checkbox"/> Other - Please List | |

Have you had the COVID-19 vaccination? Yes No

Have you had the COVID-19 Booster? Yes No

Do you have any chronic/recurring illnesses/medical conditions that may impact you?

Yes No If yes, please explain below:

Do you have any activity restrictions due to health conditions? Yes No

If yes, list the activity restrictions:

Do you have allergies? Yes No

- Environmental Allergies: Bee Stings Hay Fever Other – Please List
- Food Allergies: Dairy Nuts Eggs Seafood Grain Meat Other – Please List
- Medicine Allergies: Penicillin Other – Please List

Other Allergies - Please List: _____

2025 Food Service Questionnaire

Lutherdale is happy to assist you with any medical dietary restrictions you may have. We will work with our destination restaurants to find the best way to accommodate your dietary needs. Please understand that travel destinations cannot accommodate all individual choice dietary request (keto, paleo, south beach, etc.).

Meals on the bus trip:

- I have no food issues My food issues are explained below

I am Diabetic. Yes No

Please check any special meal needs below:

I am requesting Vegetarian Meals. Select the items that you CAN EAT from the following:

- Fish Eggs Dairy Other: Please List: _____

I am requesting Gluten Free Meals. Please select from the following statements:

- I have a Gluten Allergy I have a Gluten Intolerance

I am requesting Dairy Free Meals. Please select from the following statements:

- I cannot eat any dairy products I cannot eat any RAW dairy products
 I cannot eat any COOKED dairy

I am Lactose Intolerant. Please select all that apply:

- I can eat butter I can eat cheese

I have a Nut Allergy. Please select from the following statements:

- My food must come from a Nut Free Facility
 I am okay with food from a facility which may have nuts.

Please list any other restrictions that are not listed above or that you did not list by your other allergies

I certify that the above statements are true and correct to the best of my knowledge.

Participant Signature _____ Date _____