2027/2028 REGISTRATION FORM

Quilt Retreat & Adult Event Registration Form

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

Write in the Adult Retreat or Mark the Quilt Retreat or Adult Event you wish to register for below. One person per form. (*) Indicates Required Information.

Name of Individual Registering: _____

Adult Retreats (Complete Section A, B, & C: Housing) □ _____

Quilt Retreats (Complete Section A, B, & C) *$100 deposit required for EACH retreat*

□ October 13 - 17, 2027

□ January 5 - 9, 2028

□ March 8 - 12, 2028

□ May 3 - 7, 2028

Adult Events (Complete Section A & B) □ _____

Payment Information

- ***Adult Events must** be paid in full upon registration. Payment for Adult Events are non-refundable.*
- ***Adult & Quilt Retreats** require a $100 non-refundable deposit for each retreat and must be returned with this form in order to secure reservation. Full payment is required 2 weeks prior to the start of retreat. Lutherdale is able to issue a refund, minus the $100 deposit up to 2 weeks in advance of the event date.*

Total Amount Enclosed $_____

❑CHECK or ❑CREDIT CARD Charge $_____ to my ❑Visa ❑MC ❑Discover ❑American Express

Card Number_____Expiration Date_____

CVV Code (on back) _____ Name on Card_____

Signature _____

Office Use Only

Date Rcvd_____ Deposit _____ ☐CC ☐Ind Ck # _____

SECTION A *ALL participants complete Section A.*

Participant Personal Information

*First Name *Last Name

*Birth Date *Gender

*Permanent Address (Street, City, State & Postal Code)

*Phone Number

*Email Address

Emergency Contact Information

*First Name *Last Name

*Gender

*Permanent Address (Street, City, State & Postal Code)

*Home Phone *Cell Phone

Work Phone Email Address

*Relation to Participant

Participant Lives with Emergency Contact: □ Yes □ No

SECTION A CONTINUED

2027/2028 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: *Final details regarding payment, program information and trip details will be sent to participants. For Travel Ministry trips, information will be sent 1 month prior. For program events, information will be sent 2 weeks prior. Please indicate how you would like to receive the information:*

□ Please email them to me □ Please send me a paper copy

Participant Signature_____Date_____

*****Please indicate all allergies that you may have:

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

□ NONE

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

If yes, list your activity restrictions below:

*Are you bringing any medical equipment with you? □ Yes □ No

If yes, please check all that apply.

□ Oxygen Tank □ Walker □ Motorized Scooter

□ CPAP Machine □ Wheelchair □ Other - Please List

SECTION A CONTINUED

2025/2026 Food Service Questionnaire

Lutherdale is happy to assist you with any medical dietary restrictions you may have. Please understand that Lutherdale cannot accommodate all individual choice dietary request (keto, paleo, south beach, etc.). For meals onsite at Lutherdale there is an additional $2 charge for vegetarian, vegan, gluten-free and dairy-free meals.

*Meals at Lutherdale:

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

*I am Diabetic. □ Yes □ No

If you chose a Vegetarian Meal, please select the items that you CAN EAT from the following:

□ Fish □ Eggs □ Dairy □ Other: Please List: _____

If you chose a Gluten Free Meal, please select from the following statements:

□ I have a Gluten Allergy □ I have a Gluten Intolerance

If you chose a Dairy Free Meal, 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

If you are Lactose Intolerant, please select all that apply:

□ I can eat butter □ I can eat cheese

If you 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 on your allergy form:

SECTION B *Complete Section B if you are registering for an Adult or Quilt Retreat*

2027/2028 Adult 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 □ No

If yes, please check all that apply.

□ Heart Disease or Heart Defect
□ Respiratory Disease
□ Seizures
□ Asthma
□ Diabetes
□ Hepatitis
□ Bleeding or Clotting Disorder
□ Other: Please List:
□ Hypertension

*Are you bringing any medications with you?
□ Yes □ No

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

*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:

I certify that the above statements are true and correct to the best of my knowledge. I understand that I will be asked to update this information two weeks prior to coming to Lutherdale.

Participant Signature_____Date_____

SECTION C

Complete all of Section C if you are registering for a Quilt Retreat or C: Housing if you are registering for an Adult Retreat.

Quilters Needs Questionnaire

*What day will you be arriving?

□ Wednesday □ Thursday □ Friday

*Arrival Time for your retreat is 1:00 pm

□ I will arrive at 1:00 pm

□ I will require a later arrival time. Indicate your arrival time: _____

(If you cannot arrive within 30 minutes of indicated time, please contact Lutherdale at 262-949-2286)

*I will need assistance unloading my car. □ Yes □ No

*I prefer a sleeping room near the quilting space. □ Yes □ No

Housing:

□ Single Occupancy □ Double Occupancy □ Triple Occupancy

*Name of Roommate Request:

I am currently registering as an individual. I would be interested in sharing a room with another individual to receive a double occupancy price. Please contact me if another individual is interested.

□ Yes □ No

*Will you require an ADA accessible sleeping room? □ Yes □ No

(All regular rooms have walk-in showers and ADA rooms have wheel-in showers.)