2026 REGISTRATION FORM

TRAVEL MINISTRY

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

One person per form. (*) Indicates Required Information.

Name of Traveler: _____

Travel Ministry Overnight Trips $100 deposit required for EACH trip (Triple room and pricing by request.)

☐ Nashville, TN: Sunday, Monday, March 23, 2026 to Saturday, March 28, 2026

☐ Single $1,404 ☐ Double $1,175

☐ Cape Cod, Martha's Vineyard, & Plymouth: Saturday, Sept 12, 2026 to Sunday, Sept 20, 2026

☐ Single $ 1,670 ☐ Double $1,365

☐ Biltmore Estate & Asheville, NC: Sunday, Oct 18, 2026 to Friday, Oct 23, 2026

☐ Single $1,219 ☐ Double $990

Travel Insurance may be purchased through Diamond Tours Travel Confident Protection Plan.
You can sign up online at www.travelconfident.com and pay with a credit card

Travel Ministry Day Trips:

□ Wednesday, November 19, 2025: Old Fashioned Thanksgiving Dinner (Day Event) $20.00

□ Thursday, November 20, 2025: Christmas at House on the Rock $99.00

□ Thursday, February 26, 2026: Domes and Wings $90.00

□ Thursday, April 23, 2026: Father of the Bride $150.00

□ Thursday, June 25, 2026: Wright around Wisconsin $110.00

□ Thursday, August 27, 2026: Cheesehead Mania $105.00

□ Saturday, December 5, 2026: Christmas Stars $130.00

Payment Information

- ***Travel Ministry*** *trips require a $100 non-refundable deposit for* ***EACH*** *trip and must be returned with this form in order to secure reservation. Full payment is required 60 days prior to trip departure.*

Total Amount Enclosed $_____ ❑CASH ❑CHECK

❑ CREDIT CARD Charge $_____ to my ❑ Visa ❑ Mastercard ❑ Discover ❑ American Express

Card Number_____Expiration Date_____

CVV Code (on back) _____ Name on Card_____

Signature _____

Office Use Only:	Date Rcvd_____	Deposit $_____	☐CC	☐Ind Ck # _____	☐Cash

Participant Personal Information

*First Name:_____ *Last Name:_____

*Birth Date:_____ *Gender:_____

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

*Cell Phone Number:_____

*Home Phone Number:_____

*Email Address:_____

Emergency Contact Information

*First Name:_____ *Last Name:_____

*Gender:_____ *Relation to Participant:_____

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

*Cell Phone Number:_____

*Home Phone Number:_____

*Work Phone:_____

*Email Address:_____

Participant Lives with Emergency Contact: ☐ Yes ☐ No

2026 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 on your allergy form:

*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

2026 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 ☐ Hypertension

☐ Seizures ☐ Respiratory Disease

☐ Diabetes ☐ Asthma

☐ Bleeding or Clotting Disorder ☐ Hepatitis

☐ Other: Please List:

*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 □ No
If yes, please check all that apply.

□ Oxygen Tank □ Walker □ Motorized Scooter

□ CPAP Machine □ Wheelchair □ 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:

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

If yes, list your activity restrictions 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 one month prior to departing on the trip.

Participant Signature_____Date_____

2026 Travel Questionnaire

□ Single Occupancy □ Double Occupancy □ Triple Occupancy

*Name of Roommate Request:_____

*Will you require an ADA accessible hotel room? □ Yes □ No *subject to availability

I have limited mobility. I will be bringing a:

☐ Wheelchair ☐ Walker ☐ Cane ☐ No Mobility Issues

*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

If you are traveling with other people and would like a hotel room near them, please list their names: (Please note: We will try our best to accommodate your request, but there is no guarantee.)

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

☐ Yes ☐ No

2026 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 Payment is due two months prior to departure. 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

Participant Signature_____Date_____