



2027 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.)

- ☐ New Orleans, Louisiana: Saturday, March 13, 2027 to Sunday, March 21, 2027
 - ☐ Single \$1,681 ☐ Double \$1,331
- ☐ Branshow Show Extravaganza: Monday, April 19, 2027 to Saturday, March 24, 2027
 - ☐ Single \$ 1,105 ☐ Double \$906
- ☐ Riverboat Twililight Trip: Monday, September 13, 2027 to Thursday, September 16, 2027
 - ☐ Single \$1,075 ☐ Double \$884
- ☐ Beautiful Vermont: Saturday, October 9, 2027 to Sunday October 17, 2027
 - ☐ Single \$2,194 ☐ Double \$1,615

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, June 9, 2027: Joseph & the Amazing Technicolor Dreamcoat \$150.00
- ☐ Thursday, September 23, 2027: The Great Appleton Quilt Sho Hop \$70.00
- ☐ Thursday, December 2, 2027: White Christmas \$165.00

Payment Information

- **Overnight Travel Ministry** trips require a \$100 non-refundable deposit for **EACH** trip and must be returned with this form in order to secure reservation. In the unfortunate event that you have to cancel before the final payment deadline, Lutherdale is able to issue a refund, minus the \$100 deposit.
- Payment for **Day Trip** registration is due upon registration. Refunds for day trips are granted up to 6 weeks before the event.

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

2027 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

2027 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

☐ Bleeding or Clotting Disorder

☐ Seizures

☐ Hypertension

☐ Diabetes

☐ Respiratory Disease

☐ Asthma

☐ 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 _____

2027 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

2027 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 _____

New payment schedule for your 2027 Travel Ministry Trip.

1. After deposit there will be a payment of \$400 dollars collected 120 days before the trip.
 2. Final payment will be collected 11 weeks before the start date of the trip.
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- Payment Schedule for New Orleans, March 13-21, 2027:
 1. Deposit
 2. 120 day payment due date: November 13, 2026
 3. Final payment due date: January 4, 2027

 - Payment Schedule for Branson Show Extravaganza, April 19-24, 2027:
 1. Deposit
 2. 120 day payment due date: December 16, 2026
 3. Final payment due date: February 1, 2027

 - Payment Schedule for Riverboat Twilight Trip, September 13-16, 2027:
 1. Deposit
 2. 120 day payment due date: May 17, 2027
 3. Final payment due date: June 28, 2027

 - Payment Schedule for Beautiful Vermont, October 9-17, 2027:
 1. Deposit
 2. 120 day payment due date: June 11, 2027
 3. Final payment due date: July 26, 2027