



2025 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 Trip (Complete Section A, B, & C) \$100 deposit required for EACH trip

*Triple room and pricing by request

Charleston, South Carolina: Sunday, April 6, 2025 to Saturday, April 12, 2025

Single \$1,434 Double \$1,089

Montréal, Québec City, and Ottawa, Canada: Saturday, Sept 13, 2025 to Saturday, Sept 20, 2025

Single \$ 1,718 Double \$1,399

New York City, New York: Thursday, December 4, 2025 to Wednesday, December 10, 2025

Single \$1,509 Double \$1,175

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

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 _____

<i>Office Use Only:</i>	Date Rcvd _____	Deposit \$ _____	<input type="checkbox"/> cc	<input type="checkbox"/> Ind Ck # _____	<input type="checkbox"/> Cash
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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

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 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

2025 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 _____

2025 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

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:** *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 _____