

Louhelen Registration Form

Session _____

Arrival Date _____ Departure Date _____

Estimated Arrival Time _____ Time of Departure _____

Request Terminal Pickup (Flint only) Airport Train Station Bus Terminal

Airline, Flight Number, and Time _____

Last Name	(Dr., Mrs., etc.) Title	First Name	M/F	Ethnicity*	Birthdate (mm/dd/yy) <small>for child and youth</small>	Grade
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Reservation Confirmation Contact Address and Phone:

Name _____ Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone _____ E-mail Address _____

Payment Method: Check Visa MasterCard Discover AmEx

Name on Card _____ Card Number _____ Exp. Date _____

Signature _____ Security Code _____

A 25% deposit is necessary to guarantee your registration.
If you are charging the registration fee, please indicate if we should charge the entire amount or only the 25% deposit at this time. If paying only the deposit, the balance is due upon arrival at Louhelen.

Amount of Check: _____ Amount to Charge to Credit Card: _____

* Please assist us to track our service to the entire human family by indicating your ethnicity: African or African descent; American Indian or American Indian descent; European or European descent; Latino or Latino descent; Persian or Persian descent; other. List as many as apply.

• • • Medical Information Regarding Minor Children • • •

Medical Release and Health Insurance—For all minor children attending Louhelen programs without a parent or guardian, a completed and signed medical release form is required. The Louhelen registrar provides medical release forms at the time of registration. Some health insurance plans may not be accepted in all places. For example, health insurance plans may not offer coverage in another country (such as Canadians visiting the United States). Parents or guardians must provide appropriate insurance information needed to gain medical care for a minor child in the unlikely event that it would be needed.

Mail to Louhelen Baha'i School, 3208 S. State Road, Davison, MI 48423,
or Fax to 810-653-7181