



LUTHERAN CAMPUS MINISTRY PARTNERSHIP

Congregation: Name_____

Address_____

COLLEGE STUDENTS

Name:_____ (Circle one) **M F**

Mailing Address:_____

School attending:_____

Name:_____ (Circle one) **M F**

Mailing Address:_____

School attending:_____

Name:_____ (Circle one) **M F**

Mailing Address:_____

School attending:_____

PLEASE COMPLETE THIS FORM AND RETURN TO:

Kathy Oulette

1711 13th Road

Washington, KS 66968

or electronically to

kathyo127@hotmailcom