

Please
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Disciple Project Registration Form - July 29- August 3, 2007

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Sex: M F
Home Congregation & Town _____
Date of Birth _____ Email Address _____

I am under the age of 18.

Parents/Guardian Name _____
Grade Completed in 2007 _____

I am an adult: Parent Pastor
 Advisor Youth Director

Choice of Track:

- Mission: Identity - *Dr. Paul Hill*
 Worship Unlimited - *Tangled Blue*
 Peer Ministry I - *Lyle Griner*
 Peer Ministry II - *Suzanne Hansen*

Deposit of \$75 _____ Check or
_____ Credit Card

Please charge my Visa, Master Card, Discover
Account # _____
Expiration Date _____
Signature _____

Return To: Lutherans Outdoors in SD
2001 S Summit Ave
Sioux Falls, SD 57197

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