



REFERRAL INFORMATION

Student Name: _____

Home Congregation: _____

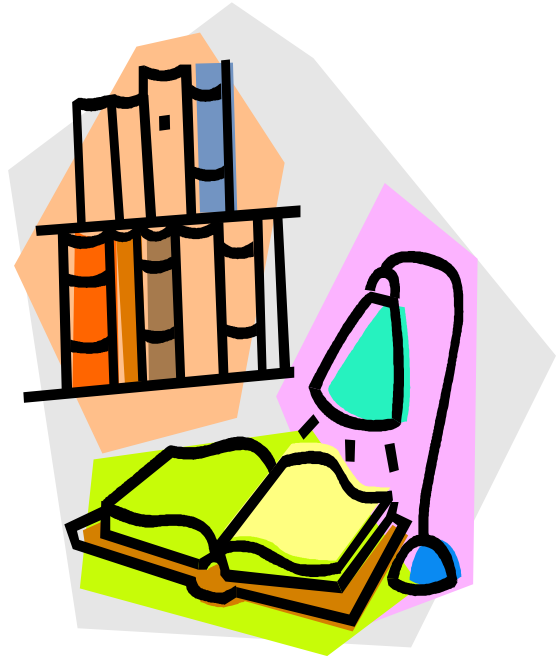
School: _____

Please provide any (or all) of this contact information:

Student's Address at School:

Student's telephone or cell phone number:

Student's email address:



To Submit information you may:

- Give to your pastor and he will forward to the appropriate campus ministry; **OR**
- Send it yourself to the campus ministry address listed on the website; **OR**
- Send to the District Office at PO Box 89110, Sioux Falls, SD 57109 and we will forward