



Name of Applicant:	Talliequali, Oxialiolila
Street Address:	
City:	State: Zip:
Phone Number:	
•	equest the use of some of the monies from the Camp Lutherhoma Sponsorship Fund of St. e would like to send our child(ren) to Camp Lutherhoma this summer but find the fee hard to
Dates of Camp: Start	End
	Amount Requesting (up to 50% of camp fee):
	to be filled out by St. Paul's
	Approved as requested
	Approved as changed Changes:
Signature of Business Man	ager:
Signature of Pastor:	
	to be filled out by Camp Lutherhomato
We requested payment of	the Camp Sponsorship given for:
For the camp week of :	
The amount of agreed spo	nsorship from your church is :
Signature of Camp Lutherh	oma Representative: