

Gladys Holler NeSoDak Memorial Fund
In loving memory and by family's request, spring 2012

DATE: _____

Applicants Name: _____ DOB: _____

Which NeSoDak camp are you applying for? _____ Dates: _____

Parents/Guardians: _____

Phone(s)# _____

Address: _____

Why going to NeSoDak Camp is important to me:

Mail completed application to:
Emmanuel Lutheran Church, Attn: Gladys Holler Fund
1006 N Second Street, PO Box 137, Groton, SD 57445

