



# REGISTRATION FORM

## Foundations for BeFriender Ministry

Virtual Workshop Dates: \_\_\_\_\_

Please complete additional forms for each registrant from same church/organization and mail together:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Home  Work

Phone \_\_\_\_\_

Cell

E-mail \_\_\_\_\_

You will receive an initial confirmation email and **Foundations for BeFriender Ministry** preparation email 7-10 days prior to the workshop.

Preferred mailing address

\_\_\_\_\_  
\_\_\_\_\_

The address above is my:  Home  Church/organization

Church/organization name

\_\_\_\_\_

Church/organization address (if not listed above)

\_\_\_\_\_

\_\_\_\_\_

Church/organization website

\_\_\_\_\_

Your current role

Pastor  Staff \_\_\_\_\_

BeFriender

Volunteer  Other \_\_\_\_\_

Your BeFriender Ministry program

New

Existing

Restarting

Payment before Early Registration Date

\_\_\_\_\_ Number of registrations x \$799 = \$ \_\_\_\_\_

Payment after Early Registration Date

\_\_\_\_\_ Number of registrations x \$849 = \$ \_\_\_\_\_

Total number of registrations: \_\_\_\_\_

TOTAL amount due to BeFriender Ministry \$ \_\_\_\_\_

A check payable to BeFriender Ministry in the amount of \$ \_\_\_\_\_ is enclosed.

I authorize BeFriender Ministry to charge \$ \_\_\_\_\_ to the credit card listed below.

Credit card information

VISA  MasterCard  Discover

Name on card (please print):

\_\_\_\_\_  
 Personal card  Church/organization card

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_

Billing Address \_\_\_\_\_

City and State \_\_\_\_\_

Zip Code \_\_\_\_\_

3-digit card security code \_\_\_\_\_

Signature \_\_\_\_\_

Register online or mail all forms together:

BeFriender Ministry National Office ♦ 1120 East 80<sup>th</sup> Street ♦ Suite 105 ♦ Bloomington, MN 55420  
952-767-0244 ♦ [www.befrienderministry.org](http://www.befrienderministry.org)