



# FOUNDATIONS FOR BEFRIENDER MINISTRY

## Registration Form

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

### Registrant Information

Please register online at [www.befrienderministry.org](http://www.befrienderministry.org)  
or complete a form for each registrant 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:** Workshop Materials will be  
shipped to you at the address provided

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

The address above is my:  Home  Church/ organization

### Registration Fees

**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.

### Church/Organization Information

Church/Organization name

Church/Organization address (if not listed above)

**Your current role**

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

BeFriender

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

**Your BeFriender Ministry program**

New  Existing

Restarting

### 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 \_\_\_\_\_

BEFRIENDER MINISTRY

God is Present • Caring not Curing • Active Listening • Nonjudgmental Presence

1120 E. 80th St. Suite 105, Bloomington, MN 55420 • 952-767-0244 • [www.befrienderministry.org](http://www.befrienderministry.org)