



REGISTRATION FORM

Virtual BeFriender Candidate Training

Mail in Registration Form

Please complete a form for each candidate OR include a separate list with contact information and session attending for each candidate.

Church/Organization Name

Church/Organization Address

Active BeFriender Program Leader to Serve as Contact Person During Candidate Training

Name _____

Cell Phone _____

E-mail _____

Candidate Information

Name _____

E-mail _____

Cell Phone _____

Home address _____

Select Training Session this candidate will attend

- September 17, 24
- October 16, 27 November 3, 10 December 1
- February 5, 10, 17, 24 March 3
- April 23, 27 May 4, 11, 18

Registration Payment

_____ Number of registrations X \$180 = \$ _____

- 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 security code _____

Signature _____

Registration Policy

Registration for candidate training is nonrefundable. If a candidate is unable to attend the training prior to the start of the training, the Program Leader may transfer the registration to someone else from your church or organization OR You may choose to transfer the registration to a future candidate training session. You have one year from the original session to use the registration. Notify the National Office of the person that will be utilizing the registration. If fees have increased, you will be invoiced for the difference. If a candidate misses a session during training, a program leader from the candidate's church/organization will provide the makeup session.