



FOUNDATIONS FOR BEFRIENDER MINISTRY

Registration Form

Virtual Workshop Dates: _____

Registrant Information

Please register online at 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 \$849 = \$ _____

Payment after Early Registration Date

_____ Number of registrations x \$925 = \$ _____

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

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