

**North Central Jurisdiction Faith Partners Team Training**

Friday, **March 27<sup>th</sup>** – Saturday, **March 28<sup>th</sup>**, 2009

**Loretto Conference Center**

1600 Somerset Lane, Wheaton, IL 60187 - (630) 653-7918

Friday: 12:00Noon – 8:00pm (registration begins @ noon with lunch)

Saturday: 8:00am – 5:00pm (breakfast @ 8:00am, 8:30am training begins)

**REGISTRATION DEADLINE: MARCH 12<sup>th</sup>, 2009**

**Team Registration includes meals, lodging\* and materials**

*(This training is for congregations who attended the Leadership Training on October 30, 2008)*

To become a Faith Partners team, each congregation must pay a fee totaling \$180. At the one-day leadership training a payment of \$80 was due. The congregational team fee balance of \$100 is due for the team training. In addition, each participant must pay a \$15/person (per day) meal fee.

**To Register:** Complete this form and mail with your check to SPSARV/GBGM, 1914 J.N. Pease Place, Charlotte, NC 28262 or fax to (704) 919-3551 with your credit card authorization. For registration information, please contact SPSARV at (704) 919-3550 or [spsarv@gbgm-umc.org](mailto:spsarv@gbgm-umc.org).

**Team Contact Person/Facilitator** (please enter your information here. Use the second page of this form to register team members. Copy as needed.)

I am:  Clergy  Laity  Professional (i.e. Parish Nurse, Counselor) \_\_\_\_\_

Name: \_\_\_\_\_

Congregation: \_\_\_\_\_

Congregation Address: \_\_\_\_\_

Congregation City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Congregation Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Congregation website: \_\_\_\_\_

Home Address (*contact person*) \_\_\_\_\_

Home City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Need Housing?  Yes  No Arrival/Departure Dates: \_\_\_\_\_

Roommate Preference: \_\_\_\_\_

**Method of Payment:**

\$100 – Congregational Fee Balance \$ \_\_\_\_\_

\$ 30 – Meal Surcharge/person (\$15/person/day) \$ \_\_\_\_\_

**Grand Total Enclosed** \$ \_\_\_\_\_

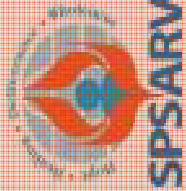
Check: Make check payable to Global Ministries (write 'SPSARV' in memo section)

Credit Card: \_\_\_\_\_ MasterCard or \_\_\_\_\_ Visa

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

***(Use page 2 to register team members)***



**Faith Partners Alcohol and Drug Team Training  
REGISTRATION FORM**



# FAITH PARTNERS TEAM MEMBER REGISTRATION

Congregation: \_\_\_\_\_

Congregation Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Congregation Phone/E-mail: \_\_\_\_\_

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I am:  Clergy  Laity  Professional (i.e. Parish Nurse, Counselor) \_\_\_\_\_

Name: \_\_\_\_\_

Home Address : \_\_\_\_\_

Home City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Need Housing?  Yes  No Arrival/Departure Dates: \_\_\_\_\_

Roommate Preference: \_\_\_\_\_

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I am:  Clergy  Laity  Professional (i.e. Parish Nurse, Counselor) \_\_\_\_\_

Name: \_\_\_\_\_

Home Address : \_\_\_\_\_

Home City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Need Housing?  Yes  No Arrival/Departure Dates: \_\_\_\_\_

Roommate Preference: \_\_\_\_\_

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I am:  Clergy  Laity  Professional (i.e. Parish Nurse, Counselor) \_\_\_\_\_

Name: \_\_\_\_\_

Home Address : \_\_\_\_\_

Home City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Need Housing?  Yes  No Arrival/Departure Dates: \_\_\_\_\_

Roommate Preference: \_\_\_\_\_