





MAILING ADDRESS: P.O. Box 51776, ALBUQUERQUE, NM 87181 NATIONAL OFFICE PHONE (505) 286-7727 FAX (844) 270-3525 PROGRAM OFFICE PHONE: (352) 472-1992

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WEEKEND REGISTRATION

Name of Churc	eh			
Street Address				
	For UPS Delivery	PO Box	City, State, Zip	
Church email _			Church Phone	
Senior Clergy				
Name			Title	
Email			Phone	
How did you le	earn about Faith Encourag	gement Ministries/Fai	th Alive?	
Church Gener	ral Chairperson(s)			
Name				
			Phone	
Address				
Follow-Up Ch	airperson			
Name				
Email			Phone	
Address				
List 3 Weekend calendars. We i	d Dates (Friday evening the decommend six months of	hrough Sunday) whic r more for prayer and	h will fit into your church and planning. After the Coordina to not make a date official uni	l community tor is
1 st Preference	2 nd P	reference	3rd Preference	
The following i	nformation helps us in de	etermining your Week	end Coordinator and size of V	/isiting Team.
Please estimate	the number of people wh	no might attend a Fric	lay evening meal and progran	1.
Adults	Teenagers (12+)	Children (4-	11) Younger (0-3	3)

Average attendance of Weekend Worship Services –	List Days/Times and Numbers
This is our $\square 1^{st} \square 2^{nd} \square 3^{rd}$ + Weekend; Year	of most recent
Please describe your congregation: ages, ethnic make example, prayer groups, healing services, men's or wo your congregation better.	
NOTE: We have a new Faith Journey program desig churches in transitions. For more inform 352-472-1992 info	
REGISTRA	TION FEE
 Base Fee, regardless of church size <i>Enclose the Base Fee with your Registrat</i> Loose Offering the Sunday of your weekee <i>The Donation is the amount determined b Send your Loose Offering or Donation with</i> 	ion Form end <u>or</u> Donation\$ TBD by the Church through prayer
We do not want our fees to be the reason a church program for their people. Donations, not registra for us to be able to "Keep the Shop Running" year	tion fees, have always been the primary source
Clergy Signature	Date