

**Human Needs Response**  
**Training Registration**

**(1 Registrant Per Form)**

Date and Location of Training \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street/POB \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ e-mail \_\_\_\_\_

Pastor \_\_\_\_\_ Church \_\_\_\_\_

Church Phone \_\_\_\_\_ Church Web Site \_\_\_\_\_

Church Street/PO \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Church e-mail \_\_\_\_\_

Role that you play in church's ministry to people in need:

\_\_\_\_\_

Do you have dietary restrictions? \_\_\_\_\_

\$40 per person – week or more from training date  
\$45 per person – less than 1 week from training date  
Cost includes training, materials & meal

**Make checks payable and mail to:**  
**Human Needs Network**  
**P.O. Box 71486**  
**North Charleston, SC 29415**

