

**CALVARY BAPTIST CHURCH
WELLSPRING MINISTRY REGISTRATION FORM**

NAME: Mr/Ms _____
 LAST **FIRST** **MI**

TELEPHONE: _____
 DAYTIME **EVENING** **OTHER**

E-MAIL: _____

BASIC CLASSES: **MONDAY, JUNE 9, 2003** **6:00PM & 7:35PM**

_____ **BEREAVEMENT COUNSELING**

_____ **SPIRITUAL COUNSELING**

ADVANCED CLASSES: **MONDAY, JUNE 16, 2003** **7:00PM - 9:00PM**

THESE SESSIONS WILL RUN CONCURRENTLY. PLEASE CHECK ONE (1).

_____ **BUSINESS START-UP COUNSELING**

_____ **CAREER/JOB NETWORKING COUNSELING**

_____ **FAMILY/YOUTH COUNSELING (DOMESTIC VIOLENCE)**

_____ **SUBSTANCE ABUSE COUNSELING**

APPOINTMENT INFORMATION

IF YOU HAVE A CONCERN AND WISH TO SPEAK WITH A MEMBER OF THE WELLSPRING MINISTRY TEAM, THE TELEPHONE AND E-MAIL CONTACT INFORMATION ARE LISTED BELOW. YOUR INQUIRY WILL BE TREATED WITH THE HIGHEST LEVEL OF CONFIDENTIALITY.

TELEPHONE: **(973) 267-9079 x 408**

E-MAIL: **wellspring8@hotmail.com**