



PML REGISTRATION

- APR 10-11 W. ST. PAUL, MN
- APR 23-24 OWATANNA, MN
- AUG 12-13 MINNEAPOLIS, MN

EveryDay LLC
 Everywhere
 Every Relationship

Congregation / Organization

Address _____

Phone _____

Names

Attending Adult Contact - \$225

Title or relationship to congregation or organization

Office _____ Cell _____ Email _____

Names of other adults attending - \$100 per additional adults

Names of youth attending

\$30 per youth

TOTAL fee
 \$225 first adult, \$100 for each additional adult

\$ _____

Checks will be cashed the week of training.
 Confirmation and further details will be emailed to the attending adult contact
 Registration name substitutes

Check made out to **EveryDay** LLC

Mailed to:

EveryDay LLC
 9300 Queen Ave S
 Bloomington, MN 55431

Lyle Griner
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 Bloomington, MN 55431
 612-418-5572
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