

DEEPER WEEKEND PRELIMINARY REGISTRATION FORM

1. NAME: His _____
Hers _____
2. ADDRESS: Street _____
City _____ State _____ Zip _____
3. PHONE: _____ EMAIL: _____
4. DISTRICT: 1 2 3 4 AREA: _____ Are you clergy? _____
5. AREA PRESENTING COUPLE COORDINATORS (APCC):
_____ PHONE #: _____
APCC email address: _____
6. MENTOR COUPLE: _____ PHONE: _____
MENTOR e-mail address: _____
7. KICKOFF I PRESENTERS: _____ DATE GIVEN: _____
8. WORKSHOP COUPLE: _____
WORKSHOP COUPLE e-mail address: _____
9. WEDDING DATE: _____
10. ORIGINAL AND/OR ANNIVERSARY ENCOUNTER DATE(S) : _____

APCC sends completed form to Deeper Coordinators