



Marriage Encounter Application – USA

Please provide the information below to apply for your Marriage Encounter event.

Note: If you need financial assistance to attend this event, please email us at info@godlovesmarriage.org prior to submitting your application.

2020 Marriage Encounter Location/Date Desired *(Required)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Lincoln NE - Feb 14-16 | <input type="checkbox"/> Indianapolis IN - Mar 6-8 | <input type="checkbox"/> Birch Run MI - Mar 13-15 |
| <input type="checkbox"/> Hartville OH - Apr 24-26 | <input type="checkbox"/> Ithaca NY - Apr 24-26 | <input type="checkbox"/> Lancaster PA - May 1-3 |
| <input type="checkbox"/> Colorado Spgs CO - May 15-17 | <input type="checkbox"/> Mesa AZ - May 29-31 | <input type="checkbox"/> Battle Creek MI - Oct 2-4 |
| <input type="checkbox"/> Cohoes NY - Oct 2-4 | <input type="checkbox"/> Grand Island NE - Oct 2-4 | <input type="checkbox"/> Ludlow PA - Oct 16-18 |

Applying As *(Required)*

- Married Husband & Wife Married Clergy Member & Spouse Married Seminarian & Spouse

Husband's First & Last Names *(Required)*

Husband's Preferred Name on Name Tag

Wife's First & Last Names *(Required)*

Wife's Preferred Name on Name Tag

Wedding Date *(Required)* _____

Home Address - USA *(Required)*

Street Address _____

City _____ State _____ Zip _____

Preferred Phone Number Contact *(Required)*

Preferred Email Contact *(Required)*

Husband's Church Affiliation, If Any *(Required)* *(If None, Type None)*

Wife's Church Affiliation, If Any *(Required)* *(If None, Type None)*

Room Smoking Preference *(Required)*

- Non-Smoking Smoking

Please note that Arizona, Minnesota, and Washington State are all non-smoking per state statute



Marriage Encounter Application – USA (Continued)

Any Special Needs - Dietary? Physical? _____

How Did You Hear About Marriage Encounter? (Required)

- | | |
|--|--|
| <input type="checkbox"/> Friend or Colleague | <input type="checkbox"/> Web Search |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Church Bulletin or Announcement |
| <input type="checkbox"/> Church Newsletter | <input type="checkbox"/> Synod Conference |
| <input type="checkbox"/> Best Practices in Ministry Conference | <input type="checkbox"/> Pastor or Church Staff Member |
| <input type="checkbox"/> Other _____ | |

Discount Code

If you have a Discount Code, please add it here _____

Select Payment Option

- Personal Check Payable to *Lutheran Marriage Encounter*
(Please contact us at info@godlovesmarriage.org to be given the snail mail address for mailing)
- Prepaid Gift Certificate (Please provide last name of person who contributed your gift certificate)

You may submit this form in two ways –

1. Via email to info@godlovesmarriage.org (we will reply with the snail mail address to submit your personal check).
2. Print and mail this document along with your personal check after receiving the snail mail address for mailing from info@godlovesmarriage.org.

Thank you for your application! Our team for the event location/date you've chosen will contact you upon receipt of this application form and personal check.