



## Marriage Encounter Application – CANADA

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](mailto:info@godlovesmarriage.org) prior to submitting your application.

### Marriage Encounter Experience Desired *(Required)*

- Virtual - Sep 18-20, 2020     
  Hartville OH - Nov 6-8, 2020     
  Lancaster, PA - Apr 23-25, 2021

### Applying As *(Required)*

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

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

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

\_\_\_\_\_

\_\_\_\_\_

### Wedding Date *(Required)* \_\_\_\_\_

### Home Address - CANADA *(Required)*

Street Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

### 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)*

\_\_\_\_\_

\_\_\_\_\_

### 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 _____                           |  |



## Marriage Encounter Application – CANADA (Continued)

**COMPLETE THIS SECTION IF YOU HAVE CHOSEN AN IN-PERSON HOTEL EXPERIENCE:**

**Husband's Preferred Name on Name Tag**

**Wife's Preferred Name on Name Tag**

\_\_\_\_\_

\_\_\_\_\_

**Room Smoking Preference** *(Required)*

Non-Smoking

Smoking

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

**Any Special Needs - Dietary? Physical?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PAYMENT

### 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](mailto: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](mailto: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](mailto: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.