



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

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

Mar 21 - 23, 2025 – Gladwin, Michigan = \$100

Apr 25 - 27, 2025 – Streetsboro, Ohio = \$100

### 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 *(Required)*

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Preferred Phone Number Contact *(Required)*

### Preferred Email Contact *(Required)*

\_\_\_\_\_

\_\_\_\_\_

Husband's Church Affiliation, If Any *(Required)*  
*(Church Name & City – If None, Type None)*

Wife's Church Affiliation, If Any *(Required)*  
*(Church Name & City – If None, Type None)*

\_\_\_\_\_

\_\_\_\_\_

### How Did You Hear About Marriage Encounter? *(Required)*

Friend or Colleague

Web Search

Social Media

Church Bulletin or Announcement

Church Newsletter

Denomination Conference

Best Practices in Ministry Conference

Pastor or Church Staff Member

Other \_\_\_\_\_



COMPLETE THIS SECTION IF YOU HAVE CHOSEN AN **IN-PERSON** HOTEL EXPERIENCE or **NON-RESIDENTIAL** 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 many US states have enacted no smoking ordinances, possibly including the states in which our events are held.

Any Special Needs - Dietary? Physical?

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\_\_\_\_\_

\_\_\_\_\_

**PAYMENT**

Discount Code

If you have a Discount Code, please add it here \_\_\_\_\_

Select Payment Option

Personal Check Payable to *Lutheran Marriage Encounter* (\$100 per couple for 2025 *in-person* hotel experiences, *non-residential*, and *virtual* experiences. **Please note: Non-residential experiences require each couple not living in proximity to the venue to also pay their chosen hotel separately for two nights lodging.**) 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)

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**YOU MAY SUBMIT THIS FORM IN TWO WAYS**

1. Via email to [info@godlovesmarriage.org](mailto:info@godlovesmarriage.org) with this completed document as an attachment (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.**