



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.

Marriage Encounter Experience Desired *(Required)*

☐ Nov 7 - 9, 2025 – Streetsboro, Ohio = \$100 per couple Application Fee

☐ Nov 14 - 16, 2025 – Online = \$100 per couple Application Fee

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

☐ Social Media

☐ Church Newsletter

☐ Best Practices in Ministry Conference

☐ Other _____

☐ Web Search

☐ Church Bulletin or Announcement

☐ Denomination Conference

☐ Pastor or Church Staff Member



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? _____

PAYMENT

Discount Code

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

Select Payment Option

☐ Personal Check Payable to *Lutheran Marriage Encounter*
(There is a **\$100** Application Fee 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 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 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.

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.