



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)*

- ☐ Apr 16 - 18, 2026 – St. Paul Lutheran Church, Bremen, IN = \$100 per couple Application Fee
- ☐ Apr 24 - 26, 2026 – Fairfield Inn & Suites, Streetsboro, OH = \$100 per couple Application Fee
- ☐ Jun 12 - 14, 2026 – Courtyard by Marriott, Columbus, OH = \$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)*

- | | |
|--|--|
| <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"/> Denomination Conference |
| <input type="checkbox"/> Best Practices in Ministry Conference | <input type="checkbox"/> Pastor or Church Staff Member |
| <input type="checkbox"/> Other _____ | |



Marriage Encounter Application – USA (Continued)

COMPLETE THIS SECTION IF YOU HAVE CHOSEN AN **IN-PERSON EXPERIENCE held at a HOTEL or CHURCH:**

Husband's Preferred Name on Name Tag

Wife's Preferred Name on Name Tag

Room Smoking Preference (Required for Hotel Experience) ☐ 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 2026 **in-person** experiences. Please contact us at info@godlovesmarriage.org to receive 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 mailing address to submit your personal check for \$100).
2. Print and mail this document along with your personal check for \$100 after receiving the mailing address from info@godlovesmarriage.org.

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