

2009 MARRIAGE PREPARATION SERIES

REGISTRATION FORM

(to be completed by referring pastor and the couple)

**Advanced registration is required. Deadlines are listed below.
No registrations accepted by phone or at the door.**

Name of couple: _____

Please place a ✓ next to the 2009 series for which you are registering (Note: days and times that are underlined highlight a change from the other sessions for this series)

Boyertown:

Saturday, February 28	9:00 a.m. - 11:30 a.m.	Good Shepherd UCC	Deadline for registration: February 13, 2009
Saturday, March 7	9:00 a.m. - <u>12:30 p.m.</u>	35 W. Philadelphia Avenue	
Saturday, March 14	9:00 a.m. - 11:30 a.m.	Boyertown, PA 19512	

Schuylkill:

Sunday, March 15	5:30 p.m. - 8:00 p.m.	Trinity Lutheran Church	Deadline for registration: February 27, 2009
Sunday, March 22	5:30 p.m. - <u>9:00 p.m.</u>	300 W. Arch Street	
Sunday, March 29	5:30 p.m. - 8:00 p.m.	Pottsville, PA 17901	

Berks:

Sunday, April 19	6:30 p.m. - 9:00 p.m.	Reformation Lutheran Church	Deadline for registration: April 3, 2009
<u>Saturday, April 25</u>	<u>9:00 a.m. - 12:30 p.m.</u>	3670 Perkiomen Avenue	
Sunday, May 3	6:30 p.m. - 9:00 p.m.	Reading, PA 19606	
Friday, June 26	6:30 p.m. - 9:00 p.m.	Trinity Lutheran Church	Deadline for registration: June 12, 2009 (\$20.00 added fee for lunch)
Saturday, June 27 (single weekend)	10:00 a.m. - 5:00 p.m. (lunch included)	357 W. Main Street Kutztown, PA 19530	
Sunday, September 13	6:00 p.m. - 8:30 p.m.	Atonement Lutheran Church	
Sunday, September 20	<u>5:00 p.m.</u> - 8:30 p.m.	5 Wyomissing Blvd.	Deadline for registration: August 28, 2009
Sunday, September 27	6:00 p.m. - 8:30 p.m.	Wyomissing, PA 19610	

Please enclose \$55 payment (or \$75 for June program) with registration form and mail to: Family Life Services, One South Home Avenue, Topton, PA 19562, telephone 610-682-1337 or 888-499-2699 (toll free). Late registration cannot be guaranteed and is subject to a \$20 late processing fee.

Please complete both sides of form

To be completed by the referring pastor(s)

Pastor's name: _____ Congregation: _____

• Is there any information that would be helpful to us in working with the couple?

To be completed by the couple:

Wife-to-be

Husband-to-be

Name: _____

Address: _____

Phone numbers: Home: () _____

Home: () _____

Work: () _____

Work: () _____

Email addresses: _____

Date of birth: _____

Previously married? NO _____ YES _____

NO _____ YES _____

Ages of children: _____

Name of church where you are a member: _____

Name of referring pastor: _____

Church: _____

Denominational background: Current _____

Current _____

Previous _____

Previous _____

About your relationship:

- How long have you known each other? _____
- How long have you been dating? _____
- Are you cohabiting? No _____ Yes _____ How long? _____
- Engagement date _____ Wedding date _____

IN ORDER TO RECEIVE THE CERTIFICATE OF COMPLETION, WE COMMIT TO AND WILL ATTEND ALL SESSIONS.

(wife-to-be)

(husband-to-be)

Your needs for the series:

- Do you need handicap accessibility? Yes _____ No _____
- Do you have any dietary restrictions (i.e. vegetarian, allergies)?
- Do you have any concerns or questions that you want us to address during the series?