**HOLD ME TIGHT COUPLES WEEKEND**

**REGISTRATION FORM**

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| **PARTNER #1** | **PARTNER #2** |
| **NAME** |  | **NAME** |  |
| **DATE OF BIRTH** |  | **AGE** |  | **DATE OF BIRTH** |  | **AGE** |  |
| **ADDRESS** | **ADDRESS** (if different than partner) |
| **PHONE** |  | **PHONE** |  |
| **EMAIL** |  | **EMAIL** |  |
| **CURRENT RELATIONSHIP STATUS**  |
|  | COMMITTED RELATIONSHIP |  | COMMON-LAW |
|  | ENGAGED |  | SEPARATED |
|  | MARRIED |  | OTHER (describe) |
| **ARE YOU CURRENTLY IN COUPLE THERAPY?** |  | **YES** |  | **NO** |
| **HAVE YOU EVER HAD COUPLE THERAPY?** |  | **YES** |  | **NO** |
| **DESCRIPTION OF PRESENT RELATIONSHIP:** How long have you been together? Relationship strengths? Relationship Difficulties? Significant events that impacted your relationship? |
|  |
| **WHAT DO YOU HOPE TO ACHIEVE BY PARTICIPATING IN THIS WEEKEND?** |
|  |
| **ANY HEALTH-RELATED DIETARY RESTRICTIONS OR CONCERNS?** |
|  |
| **HOW DID YOU HEAR ABOUT THE WORKSHOP?**  |  |

**\*\*\*$100 Non-refundable deposit required with Registration Form. Balance due 1 week prior to event\*\*\***

**Cancellation Policy: More than 3 weeks prior is full refund, less deposit.**

 **Less than 3 weeks prior is 50% of fees paid, less deposit.**