**HOLD ME TIGHT COUPLES WEEKEND**

**REGISTRATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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.**