



## Registration Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Spouse Last Name: \_\_\_\_\_ Spouse First Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emails \_\_\_\_\_ / \_\_\_\_\_

How Long Have you been Married? \_\_\_\_\_ Number of children (ages): \_\_\_\_\_

Name & denomination of church you attend: \_\_\_\_\_ Occupation? \_\_\_\_\_

Have you attended a marriage retreat before: Yes / No If Yes which one: \_\_\_\_\_

In case of Emergency, please notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

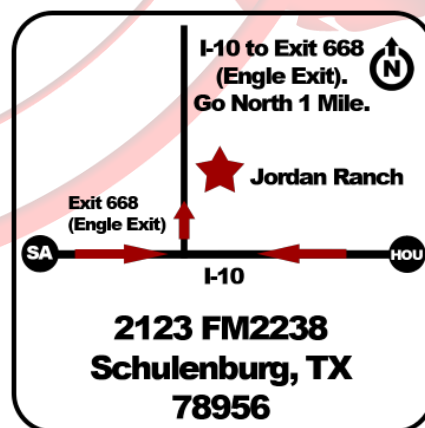
Do you have any health issues, requiring a special diet? \_\_\_\_\_

Do you have any health issues, disabilities or required medications? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse \_\_\_\_\_ Date \_\_\_\_\_

Sincerely,

The Three Strands Team  
832-736-8587  
14027 Memorial Dr. Suite 335  
Houston, Tx 77079  
3strandsretreat@gmail.com



*Relax*

*Refresh*

*Restore*