



RETROUVAILLE REGISTRATION FORM

www.retrouvaille.org

1-800-470-2230 National

907-360-2227 Alaska

Weekend Dates: October 17-19, 2008

February 6-8, 2009

FOR THE WEEKEND OF: _____

HUSBAND'S NAME (First, Last): _____

WIFE'S NAME (First, Last): _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE NUMBER: _____ (Best time to call): _____

PHONE NUMBER: _____ (Best time to call): _____

EMAIL ADDRESS: _____

HUSBAND'S RELIGION: _____ WIFE'S RELIGION: _____

NAME OF CHURCH: _____ NAME OF CHURCH: _____

WEDDING ANNIVERSARY DATE Month, Date, Year: _____

Is either spouse seeing a counselor? Husband Yes No Wife Yes No

Is either spouse seeing a psychiatrist? Husband Yes No Wife Yes No

Is this your first marriage? Husband Yes No Wife Yes No

What is your current marital status? Married Separated Divorced

IF THE FACILITY HAS OPTIONS: Double Bed OR 2 Twin Bed

Hearing Impairment, Disability, Language, or Literacy Problems? Yes No

If yes, explain.

Do you have any dietary restrictions? Yes No (If yes, list on back of this registration form)

Where did you hear about Retrouvaille?

(Note: If from family or friends, where did they hear about Retrouvaille?)