

MARRIAGE PREPARATION CLASS REGISTRATION

New Hope Church

Date: _____

His Last Name:	Her Last Name:
His First/Middle Name _____ (As it appears on your driver's license)	Her First/Middle Name _____ (As it appears on your driver's license)
His First Name _____ (The name you want to appear on your class name badge)	Her First Name _____ (The name you want to appear on your class name badge)
Address _____	Address _____
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
Day Phone (_____) _____	Day Phone (_____) _____
Evening Phone (_____) _____	Evening Phone (_____) _____
Email Address _____	Email Address _____
Member _____ Regular Attendee _____ of NHC, If not, which church do you attend? _____	Member _____ Regular Attendee _____ of NHC, If not, which church do you attend? _____
Age _____ Are you: Single _____ Widowed _____	Age _____ Are you: Single _____ Widowed _____
Separated _____ Divorced _____ If divorced, how long? _____	Separated _____ Divorced _____ If divorced, how long? _____
Ages of children (if any) _____	Ages of children (if any) _____

Circle the session of Marriage Prep Class to enroll in: Winter _____ Spring _____ Fall _____
(year) (year) (year)

Our registration fee of \$175/couple is accompanying this registration: Yes _____
(The class fee will be \$250/couple if you register after the deadline)
How did you learn of this class?

This class is intended for those who are considering engagement and for those already engaged.

* We give permission for the class teachers, marriage preparation director, and the marrying Pastors to exchange relevant information in a confidential and professional manner. We reserve the right to withdraw this permission at any future time.

Name Date Name Date

Please continue on the backside of this page...

If you are currently engaged, please complete the following:

When did you become engaged? _____

What is the date of your wedding? _____

Will you request to be married at NHC? Yes _____ No _____ Undecided _____

If you are not being married at NHC, where will it be? _____

Who will perform your ceremony? _____

Phone number (_____) _____

Address of marrying pastor: _____

Please return this form with a check payable to NHC for \$175 per couple to:

***New Hope Church
Family Ministries
4225 Gettysburg Ave. N.
New Hope, MN 55428***