



## Glad Tidings Assembly of God Marriage Coaching Registration Form

Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ (number you prefer to be contacted at)

Email \_\_\_\_\_

Ages: Husband \_\_\_\_ Wife \_\_\_\_

How long have you been attending GT? \_\_\_\_\_ yrs.

How long have you been married? \_\_\_\_\_ yrs.

Husband: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> marriage? (circle one)

Wife: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> marriage? (circle one)

Occupation: Husband \_\_\_\_\_ Wife \_\_\_\_\_

Number of Children \_\_\_\_\_ Number of Step-Children \_\_\_\_\_

*Ages and Names of Children:*

Age	Name	Age	Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe your marriage: Thriving Striving Surviving Dying

Have you had marriage counseling before? \_\_\_\_ Yes \_\_\_\_ No

If yes, where? \_\_\_\_\_

Good evenings for you to meet? (circle all the apply) M T W R F S S

Reason that coaching is desired:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Return this form, along with \$20 to cover the cost of the coaching materials, to: Glad Tidings Church, Attn: Marriage Coaching, 1110 Snyder Rd. West Lawn, PA 19609