

**Samaritan Counseling Center of Southern Wisconsin
5900 Monona Drive, Suite 100 Monona WI, 53716**

2011 Pre-Marriage Program Registration Form

Names: _____ and _____

Date of workshop _____ Your wedding date _____

Contact address: _____

City, State, Zip _____

Contact Phone Number(s): (____) _____ (____) _____

Contact email(s): _____

Your current ages _____ / _____ First or second marriage? _____

Children and/or Stepchildren? _____

Home Congregation(s):

Officiating Pastor (s) Rev. _____

NOTE: For the **gold** or **platinum**, you must call the Samaritan Center to set up individual appointment time to take the inventory and for feedback sessions.

Silver Option \$95 per couple Date of Workshop _____

Gold Option \$325 per couple Date of Workshop _____

Platinum Option \$370 per couple Date of Workshop _____

For credit card payments, please call the office. Make checks payable to the Samaritan Counseling Center and mail to:

**Samaritan Counseling Center
Water Tower Place
5900 Monona Drive Suite 100
Monona, WI 53716**
