



Hope Encounters International Inc.  
c/o P.O. Box 22019  
Saskatoon, SK S7H 5P1  
Telephone (306) 374-1832 or (306) 230-7603  
Email: hopeencountersint@sasktel.net  
www.hopeencountersinternational.com

**For Weekend: November 3-5, 2023 Registration Deadline: October 23, 2023**

### **COUPLE REGISTRATION FORM**

#### **I. Demographic Data (Please fill in carefully, all information is important)**

His complete name: \_\_\_\_\_

Her complete name: \_\_\_\_\_

(Please underline the name you are usually called by)

Mailing and Street Address: \_\_\_\_\_

City, Province, Postal Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

His Cell: (\_\_\_\_) \_\_\_\_\_ His Email: \_\_\_\_\_

Her Cell: (\_\_\_\_) \_\_\_\_\_ Her Email: \_\_\_\_\_

Profession: His: \_\_\_\_\_ Hers: \_\_\_\_\_

His Birthday: day \_\_\_ month \_\_\_ year \_\_\_ Her Birthday: day \_\_\_ month \_\_\_ year \_\_\_

Wedding Anniversary: day \_\_\_ month \_\_\_ year \_\_\_

If Common-law, how many years \_\_\_\_\_

Names of children:	sex	age	married/single
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Number of grandchildren: \_\_\_\_\_

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#### **II. Sponsor Data (Applicable only if you have a sponsor who has invited you or is financially sponsoring you)**

His complete name: \_\_\_\_\_ His Phone: (\_\_\_\_) \_\_\_\_\_

Her complete name: \_\_\_\_\_ Her Phone: (\_\_\_\_) \_\_\_\_\_

Email(s): \_\_\_\_\_

How do you know your sponsors? \_\_\_\_\_

**III. Information for the weekend (Please fill in carefully, all information is important)**

- a) Wheelchair/Accessibility: Yes  No   
b) Food allergy: Him  (please specify) \_\_\_\_\_  
Her  (please specify) \_\_\_\_\_  
c) Comments: \_\_\_\_\_

Emergency Contact(s):

Name(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_

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**IV. What do you expect from this weekend?**

\_\_\_\_\_

**V. Comments or Questions?**

\_\_\_\_\_

**Please include the registration fee of \$350.00. Please indicate form of payment:  
(Note: \$100 of the fee is non-refundable if couple cancels) Full refund will be provided if  
Hope Encounters cancels event due to covid.**

\_\_\_ Cheque (Made payable to "Hope Encounters International Inc.")

\_\_\_ Cash

\_\_\_ E-transfer to [hopeencountersint@sasktel.net](mailto:hopeencountersint@sasktel.net)

\_\_\_ Square Option for Credit Card – Please contact Carol Epp at 306-230-7603

**Thank you! We look forward to meeting you at the weekend.**

**SIGNATURES:**

His: \_\_\_\_\_

Hers: \_\_\_\_\_