

Hold Me Tight Couples Weekend Registration Form

Each partner, please complete this form as a part of your Hold Me Tight Weekend registration.

Today's date: _____ Workshop Month/Year: _____

Name: _____

First name as you would like it to appear on your name tag: _____

Address: _____

Email: _____ Phone: _____

Partner Name: _____

Relationship Status (please circle one): Married Engaged Dating Long-term

Length of Time in Relationship: _____

Are you currently seeing a couple therapist? Yes No

If yes, would you like your therapist to be contacted regarding the weekend? Yes No

Therapist Name: _____

Email: _____ Phone: _____

How did you find out about the Hold Me Tight Workshop? _____

Relationship Satisfaction Scale

Use checks to indicate how satisfied or dissatisfied you feel about aspects of your relationship.

	Very Dissatisfied	Moderately Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Moderately Satisfied	Very Satisfied
Communication and openness							
Resolving conflicts and arguments							
Degree of affection and caring							
Intimacy and closeness							
Safety and security							
Overall satisfaction							

What do you hope to get out of the Hold Me Tight Weekend? (Briefly describe here and on the back as needed.)