

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.)