

Empowerment Workshop
"REAL TALK FORUM"
REGISTRATION FORM

Husband Fiancé Contemplating

Name: _____

Address: _____ Apt. # _____

City / County: _____ State: _____ Zip: _____

Email: _____

Mobile #: _____ Home #: _____

Wife Fiancée Contemplating

Name: _____

Address: _____ Apt. # _____

City / County: _____ State: _____ Zip: _____

Email: _____

Mobile #: _____ Home #: _____

Anniversary Date: Month _____ Day _____ Year _____

Church: _____

Address: _____

City: _____ State: _____ Zip: _____

----- (Tear off and keep as your Receipt) ----- 

Paid (\$20.00 per Couple) Date: _____

MAKE CHECK PAYABLE TO

Married Mates Ministry, Inc.
4242 Mary Ridge Dr.
Randallstown, MD 21133

or

Cash App: \$marriedmates (410-299-9018)