

## Intimate Mystery Workshop APPLICATION

Each spouse must complete this form separately and submit to:

## The Allender Center at The Seattle School

ATTN: Conferences 2501 Elliott Ave Seattle, WA 98121 or

conferences@mhgs.edu

Name:		Email:	
Street Address:			
City/State/Zip:			
Home Phone:	Work Phone:	Cell Phone:	
Emergency Contact/Relations	hip/Phone:		
Physician's Name/Phone:			
appropriateness and readiness to current state of mind and health	o attend this Workshop. Their do , as well as the ways in which it ne Seattle School determine tha	The Seattle School reserves the right lecision will be based on my previous is anticipated I will interact with other the timing or fit of this workshop is ply again for future weeks.	work in this area, my er group members.
Signed		Date:	
(To be completed by The Allende	r Center at The Seattle School G	onferences staff)	
Povioused by:		Dato	

as well as the current state of your marriage. Please answer the following questions to the best of your ability without your spouse's input.
1) How many years have you been married?
2) How would you describe the nature of your current marital relationship?
3) What words would you use to describe your spouse?
3) Are you aware of any events in the past 2 years that have caused significant tension in your marriage? If yes, please describe them briefly here.
Please attach additional pages if necessary.

Through the pre-application process we are hoping to get to know a little about you and your spouse,