

MARRIAGE

**RENOVATION**

## **Marriage Renovation Registration Package**

We are so glad that you have decided to register for Marriage Renovation! This 4-day program will undoubtedly be one of the best investments you have ever made in your marriage.

No matter where your marriage is on the healthy/unhealthy scale, this program has something significant for you. Right now, you might be trying to get a handle on what exactly it is that we do in the program, and that would be completely understandable. In a nutshell, we simply create an environment where you have the time and opportunity to see what is working well in your relationship and what is preventing you from experiencing deeper intimacy. We will also share some very powerful tools that you can use to grow in intimacy with each other and God. It's that simple.

Before engaging in a program like this, we all set expectations. Our hope is that you will set the bar high and that you will come to Marriage Renovation fully engaged, prepared to work hard, and ready for a remarkable change in yourself and your marriage.

Please complete this Registration Package according to the instructions found at the bottom of the Registration Form that follows. Once we have received your registration packet, we will send you a confirmation as well as additional details specific to the date and location of the training you have registered for.

Thank you for the trust you have placed in us and for the privilege of serving you at an upcoming Marriage Renovation. If you have any questions at all, please feel free to contact us. We look forward to getting to know you.

Blessings,

Greg and Sharon Prosch  
Marriage Renovation Coaches  
Phone: (208) 631-5841  
Email: [sharon.prosch@renovation.training](mailto:sharon.prosch@renovation.training)

MARRIAGE

# RENOVATION

## Marriage Renovation Registration Form

Training Date: \_\_\_\_\_

Husband's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Wife's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Time Married – Years: \_\_\_\_\_ Months: \_\_\_\_\_

Children – Number: \_\_\_\_\_ Ages: \_\_\_\_\_ Blended Family (Y/N): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

*Please let us know about any special needs, food allergies, etc. in the space below:*

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Please print and complete this **Registration Form** and the two **Intake Forms** (one per person and mail the completed forms along with the registration fee of \$200 (payable to Renovation Ministries) to:

Renovation Ministries  
C/O Sharon Prosch  
1868 S Rustic Mill Pl  
Boise, ID 83709

Please complete this form independently from your spouse but feel free to share your answers with each other afterwards. The specific information on this form will be used by the Marriage Renovation staff during the course of the training only and will be kept confidential. Statistical information may be kept to measure and improve future trainings but the source will be anonymous.

**Husband’s Name:** \_\_\_\_\_

**Please use the following scale for the ratings below:**

0 - No hope.	2 – Very poor. Need significant intervention.	4 – Poor. Need to work on several areas.	6 – Good. Would like to grow in a few key areas.	8 - Very good. Looking to maximize.	10 – Perfect.
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**Please rate the overall health of your marriage:**

0 ---- 1 ---- 2 ---- 3 ---- 4 ---- 5 ---- 6 ---- 7 ---- 8 ---- 9 ---- 10

**Please rate your personal contribution to your marriage:**

0 ---- 1 ---- 2 ---- 3 ---- 4 ---- 5 ---- 6 ---- 7 ---- 8 ---- 9 ---- 10

**Please rate your spouse’s contribution to your marriage:**

0 ---- 1 ---- 2 ---- 3 ---- 4 ---- 5 ---- 6 ---- 7 ---- 8 ---- 9 ---- 10

**Please rate your ability to contribute positively toward marital growth:**

*(Are you equipped with regard to knowledge, mental health, and/or emotional stability.)*

0 ---- 1 ---- 2 ---- 3 ---- 4 ---- 5 ---- 6 ---- 7 ---- 8 ---- 9 ---- 10

**Please rate your willingness to contribute positively toward marital growth:**

*(Are you motivated and/or emotionally drawn to contribute toward marital growth.)*

0 ---- 1 ---- 2 ---- 3 ---- 4 ---- 5 ---- 6 ---- 7 ---- 8 ---- 9 ---- 10

**Please rate your personal relationship with God:**

0 ---- 1 ---- 2 ---- 3 ---- 4 ---- 5 ---- 6 ---- 7 ---- 8 ---- 9 ---- 10

**How many hours per week do you estimate that you and your spouse spend together in healthy conversation and other highly interactive activities?** \_\_\_\_\_

*(For example, tennis, games, and going for walks are interactive. Movies, and TV are not.)*

**Do you regularly pray, read Christian books, and/or do devotions together?** \_\_\_\_\_

***(Please complete other side/next page)***

MARRIAGE

# RENOVATION

**Tell us why you are interested in Marriage Renovation:**

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**What are your biggest marital challenges?**

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**What do you most hope to gain for your marriage?**

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**Are you ready to fully engage in a challenging program with the expectation that \_\_\_\_\_ at the end you will have experienced significant personal growth, grown in intimacy with your spouse, and have a renewed perspective regarding God's purpose for your marriage?**

# MARRIAGE

# RENOVATION

## Marriage Renovation Intake Form – Wife

Please complete this form independently from your spouse but feel free to share your answers with each other afterwards. The specific information on this form will be used by the Marriage Renovation staff during the course of the training only and will be kept confidential. Statistical information may be kept to measure and improve future trainings but the source will be anonymous.

**Wife's Name:** \_\_\_\_\_

**Please use the following scale for the ratings below:**

0 - No hope.	2 - Very poor. Need significant intervention.	4 - Poor. Need to work on several areas.	6 - Good. Would like to grow in a few key areas.	8 - Very good. Looking to maximize.	10 - Perfect.
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**Please rate the overall health of your marriage:**

0 ---- 1 ---- 2 ---- 3 ---- 4 ---- 5 ---- 6 ---- 7 ---- 8 ---- 9 ---- 10

**Please rate your personal contribution to your marriage:**

0 ---- 1 ---- 2 ---- 3 ---- 4 ---- 5 ---- 6 ---- 7 ---- 8 ---- 9 ---- 10

**Please rate your spouse's contribution to your marriage:**

0 ---- 1 ---- 2 ---- 3 ---- 4 ---- 5 ---- 6 ---- 7 ---- 8 ---- 9 ---- 10

**Please rate your ability to contribute positively toward marital growth:**

*(Are you equipped with regard to knowledge, mental health, and/or emotional stability.)*

0 ---- 1 ---- 2 ---- 3 ---- 4 ---- 5 ---- 6 ---- 7 ---- 8 ---- 9 ---- 10

**Please rate your willingness to contribute positively toward marital growth:**

*(Are you motivated and/or emotionally drawn to contribute toward marital growth.)*

0 ---- 1 ---- 2 ---- 3 ---- 4 ---- 5 ---- 6 ---- 7 ---- 8 ---- 9 ---- 10

**Please rate your personal relationship with God:**

0 ---- 1 ---- 2 ---- 3 ---- 4 ---- 5 ---- 6 ---- 7 ---- 8 ---- 9 ---- 10

**How many hours per week do you estimate that you and your spouse \_\_\_\_\_  
spend together in healthy conversation and other highly interactive activities?**

*(For example, tennis, games, and going for walks are interactive. Movies, and TV are not.)*

**Do you regularly pray, read Christian books, and/or do devotions together? \_\_\_\_\_**

***(Please complete other side/next page)***

MARRIAGE

# RENOVATION

**Tell us why you are interested in Marriage Renovation:**

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**What are your biggest marital challenges?**

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**What do you most hope to gain for your marriage?**

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**Are you ready to fully engage in a challenging program with the expectation that \_\_\_\_\_ at the end you will have experienced significant personal growth, grown in intimacy with your spouse, and have a renewed perspective regarding God's purpose for your marriage?**