

**SURVEY FOR INTEREST IN
MARRIAGE ENRICHMENT
AT _____**

As our parish develops (or continues) its marriage enrichment programming, we seek your input on the format and topics that might be of interest and benefit to you. Let us know what **you** think would enrich **your marriage**. Please accept our gratitude for your willingness to help shape this program as you drop this off at the parish by _____.

Please check all of the formats that interest you.

*Then go back and **circle** your **favorite format** to help us assess overall interest.*

FORMATS			
<input type="checkbox"/> Single event presentation	<input type="checkbox"/> evenings	or	<input type="checkbox"/> between Masses
<input type="checkbox"/> Once a month topic	<input type="checkbox"/> evenings	or	<input type="checkbox"/> between Masses
<input type="checkbox"/> 4-6 night series on a theme			
<input type="checkbox"/> All day Saturday "retreat"			
<input type="checkbox"/> "Date Night" (short presentation, then you leave for dinner/discussion (we babysit))			
<input type="checkbox"/> Other _____			
*Are you interested in information on Worldwide Marriage Encounter? <input type="checkbox"/> Yes <input type="checkbox"/> No			

PLEASE FILL OUT BOTH SIDES

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Please check all of the topics that interest you, or add your own.
 Then go back and **circle** your **top 2 topics** to help us assess overall interest.

TOPICS

- | | |
|--|---|
| <input type="checkbox"/> Communication in Difficult Areas | <input type="checkbox"/> Children |
| <input type="checkbox"/> Fair Fighting / Forgiveness | <input type="checkbox"/> Faith |
| <input type="checkbox"/> Gender Differences in Relationships | <input type="checkbox"/> Leisure/work |
| <input type="checkbox"/> Languages of Love | <input type="checkbox"/> Love Life |
| <input type="checkbox"/> Matrimony - A Grace Giving Reality | <input type="checkbox"/> Money |
| <input type="checkbox"/> Refreshing Our Marriage | <input type="checkbox"/> Our Parents |
| <input type="checkbox"/> Seeking God As A Couple | <input type="checkbox"/> Responsibilities |
| <input type="checkbox"/> Surviving the Rough Spots | <input type="checkbox"/> Other |

Fill in your name and phone number for follow-up, if needed.

Name _____	Phone _____
Years of Marriage: <input type="checkbox"/> 0-5 <input type="checkbox"/> 6-15	<input type="checkbox"/> 16-30 <input type="checkbox"/> 31+
I can see myself attending one of these events	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hey! I would like to help organize one of these events	<input type="checkbox"/> Yes <input type="checkbox"/> No

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