



CATHOLIC ENGAGED ENCOUNTER
MARRIAGE PREPARATION WEEKEND REGISTRATION

Print clearly

Future Bride:

Future Groom:

Name: _____

Name: _____

Address: _____

Address: _____

Postal Code: _____

Postal Code: _____

Home Phone #: _____

Home Phone #: _____

E-Mail Address: _____

E-Mail Address: _____

Age: _____ Religion: _____

Age: _____ Religion: _____

Occupation: _____

Occupation: _____

Parish: _____

Parish: _____

Date of marriage: _____

Parish where your marriage will take place: _____

Special food requirements or handicaps (explain) _____

Please complete the registration form, include a check for \$150.00 (cost of the weekend) payable to **Cornwall CEE** and mail or deliver to:

Catholic Engaged Encounter
220, Montreal Road,
Cornwall, ON.
K6H 1B4

N.B. You may call Marie Savoie at: 613- 933 1138 ext. 22

e-mail her at diocese@alexandria-cornwall.ca or Bernie and Ginette: at bgcharb@hotmail.com

Please select preferred date but give alternate as well

First choice _____

Second choice _____

For more information visit our web page: www.alexandria-cornwall.ca

Dates¹

Sept. 9-10-11, 2010

May 4-5-6, 2012

June 8-9-10, 2012

Sept. 21-22-23, 2012