



CATHOLIC ENGAGED ENCOUNTER MARRIAGE PREPARATION WEEKEND REGISTRATION

Future Bride

Name: _____

Address: _____

Postal Code: _____

Home Phone # _____

E-Mail Address: _____

Age: _____ Religion: _____

Occupation: _____

Parish: _____

Date of marriage: _____

Parish where your marriage will take place: _____

Special food requirements Yes _____ No _____

Future Groom

Name: _____

Address: _____

Postal Code: _____

Home Phone # _____

E-Mail Address: _____

Age: _____ Religion: _____

Occupation: _____

Parish: _____

Please select your preferred date. Provide one alternate choice.

_____ September 18 - 20, 2009

_____ April 30 - May 2, 2010

_____ June 4 - 6, 2010

_____ September 17 - 19, 2010

Please mail the completed registration form along with a cheque for \$150.00. Cheques should be made payable to Cornwall - CEE

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

If you require further information please contact Marie Savoie at: 613- 933 1138.