



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 (Yes - No) _____

Please mail the completed registration form with the \$150.00 cost of the weekend. Postdate the check two weeks before your weekend date payable to: Cornwall-CEE and send to:

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

N.B. You may call Marie Savoie at: 613- 933 1138.
email 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 _____

Visit our web page: www.alexandria-cornwall.ca/m.php

Dates

_____ April 24-26, 2009 May 22--24, 2009 Sept. 18-20, 2009