



CATHOLIC ENGAGED ENCOUNTER REGISTRATION FORM:

We would like to attend a Catholic Engaged Encounter Weekend. **We understand that the weekend is for couples who have a definite commitment to each other and who are “free to marry” according to the teachings of the Roman Catholic Church.**

Enclosed with our information is the fee of \$350.00 per couple (includes accommodation and meals)
Please make cheque payable to Catholic Engaged Encounter. Interac e-transfer is also available

PLEASE PRINT CLEARLY

Groom:

His Full Legal Name: _____
(first name) (middle names) (last name)

His name for name tag: _____

ADDRESS _____

CITY _____

POSTAL CODE _____

PHONE _____

E-MAIL _____

RELIGION _____ please state in what religion or religions you were baptized _____

AGE _____

SERIOUS Food allergies or vegetarian: (please indicate none if not applicable) _____

Bride:

Her Full Legal Name: _____
(first name) (middle names) (last name)

Her name for name tag: _____

ADDRESS _____

CITY _____

POSTAL CODE _____

PHONE _____

E-MAIL _____

RELIGION _____ please state in what religion or religions you were baptized _____

AGE _____

SERIOUS Food allergies or vegetarian: (please indicate none if not applicable) _____

DATE OF ENGAGED ENCOUNTER WEEKEND FOR WHICH YOU ARE REGISTERING:

(for dates of upcoming weekends refer to www.ceelondon.ca)

WEDDING DATE _____

ROMAN CATHOLIC PRIEST OR DEACON'S NAME:

CHURCH _____

ADDRESS _____ City _____ PC _____

Please send this form with cheque or money order to: Engaged Encounter c/o JoAnne & Terry Burrell
954 Champlain Rd, Sarnia, ON, N7V 2G2, Canada

<http://www.ceelondon.ca>

For more information call us at 519 542-8826 or email jotab@cogeco.ca