



## 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 \$395.00 per couple (includes accommodation and meals). **Please make cheque payable to Catholic Engaged Encounter. Interac e-transfer is also available: email to [joanne@ceelondon.ca](mailto:joanne@ceelondon.ca)**

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](http://www.ceelondon.ca))

\_\_\_\_\_

WEDDING DATE \_\_\_\_\_

ROMAN CATHOLIC PRIEST OR DEACON'S NAME:

CHURCH \_\_\_\_\_

ADDRESS \_\_\_\_\_ City \_\_\_\_\_ PC \_\_\_\_\_

**Please send this form with payment to:** Catholic Engaged Encounter c/o JoAnne & Terry Burrell  
954 Champlain Rd, Sarnia, ON, N7V 2G2, Canada