



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.**

To Register: Download the registration form, complete and email to ceeniagara@gmail.com

For more information, call or email Jennifer or Celine at ceeniagara@gmail.com
Jennifer Stoop 289-228-0140 Celine de Grosbois 289-241-4390

The 2025 fee is \$500 which includes accommodation and meals. Please pay by Interac e-transfer at ceeniagara@gmail.com.

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 Name and email address _____

ADDRESS _____ City _____ PC _____