

Catholic Engaged Encounter Weekend Registration

Desired Weekend Choice:	1 st : _____	2 nd : _____	
Send Weekend Information to:	<input type="checkbox"/> His Address	<input type="checkbox"/> His Fax	<input type="checkbox"/> His E-mail
	<input type="checkbox"/> Her Address	<input type="checkbox"/> Her Fax	<input type="checkbox"/> Her E-mail
Referred By:	_____	Wedding Date:	_____

His Information

Name:	_____	Age:	_____
Name to be used on Certificate (First Name, Middle Initial (Optional), Last Name)			
Address:	_____		
City:	_____	State:	_____ Zip: _____
Eve. Phone:	_____	Day Phone:	_____
Fax Nbr:	_____	E-mail:	_____
Religion:	_____	Parish:	_____

Her Information

Name:	_____	Age:	_____
Name to be used on Certificate (First Name, Middle Initial (Optional), Last Name)			
Address:	_____		
City:	_____	State:	_____ Zip: _____
Eve. Phone:	_____	Day Phone:	_____
Fax Nbr:	_____	E-mail:	_____
Religion:	_____	Parish:	_____

Payment Information

Type:	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Check/Money Order (Payable to Catholic Engaged Encounter)
Credit Card Account#:	_____ / _____	Type: _____
Please include 3-digit Security Code on back of card		Visa/Mastercard
Signature:	_____	Expire Date: _____
Amount Paid:	_____ (\$275.00 / \$75.00 Non-refundable Deposit Required to Register)	
Return to: Catholic Engaged Encounter 7340 North Hazel Fresno, CA 93711-0222 Fax: 559-435-1590		