

## Mail In Registration

Called to Love Virtual Retreat for Engaged Couples  
Fees - (\$100.00) per couple

*\*\*\*Please circle the weekend you are registering for\*\*\**

July 24-26

August 21-23

September 18-20

October 16-18

November 13-15

## Woman's Information

Woman's Name \*

First \_\_\_\_\_ Last \_\_\_\_\_

Address \*

Street Address \_\_\_\_\_

City, State, and ZIP \*

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Phone Number \*

\_\_\_\_\_ cell \_\_\_\_\_ other \_\_\_\_\_

Email \*

\_\_\_\_\_

Date of Birth \*

\_\_\_\_\_

Age\*

\_\_\_\_\_

Her Religion \* \_\_\_\_\_

Church Attend & Location \* \_\_\_\_\_

Diocese \* \_\_\_\_\_

Is this your first marriage? \* \_\_\_\_\_

Do you have any children? \* \_\_\_\_\_ If yes, ages of \_\_\_\_\_

Tentative Wedding Date \* \_\_\_\_\_

Officiating Priest & Ch. Parish \* \_\_\_\_\_

Special Needs or Consideration \* \_\_\_\_\_

# Man's Information

Man's Name \*

First \_\_\_\_\_ Last \_\_\_\_\_

Address \*

Street Address \_\_\_\_\_

City, State, and ZIP \*

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Phone Number \*

\_\_\_\_\_ *cell* \_\_\_\_\_ *other*

Email \*

\_\_\_\_\_

Date of Birth \*

\_\_\_\_\_

Age\*

\_\_\_\_\_

His Religion \* \_\_\_\_\_

Church Attend & Location \* \_\_\_\_\_

Diocese \* \_\_\_\_\_

Is this your first marriage? \* \_\_\_\_\_

Do you have any children? \* \_\_\_\_\_ *If yes, ages of* \_\_\_\_\_

Special Needs or Consideration \* \_\_\_\_\_