



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: Please visit our website at <https://www.ceeniagara.ca>

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

For more information, call or email Jennifer or Céline at ceeniagara@gmail.com

Jennifer Stoop 289-228-0140 Céline de Grosbois 289-241-4390

The **2025 fee** (TBA by end of January 2025; It was \$455.00 in 2024) per couple includes accommodation and meals.

PAYMENT INFORMATION FOR YOUR WEEKEND: Interac e-transfer at ceeniagara@gmail.com.

PLEASE PRINT CLEARLY

Groom:

His Full Legal Name: (for Certificate) _____
(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:

2025: MARCH 14-15-16 and OCTOBER 17-18-19

2026: MAY 1-2-3 and OCTOBER 2-3-4

: _____

WEDDING DATE _____ **ROMAN CATHOLIC PRIEST OR DEACON'S NAME:** _____

CHURCH _____

ADDRESS _____ **City** _____ **PC** _____