

Marriage Preparation Registration

Please TYPE or PRINT CLEARLY

Wedding Date _____

BRIDE _____
(First) (MI) (Last)

GROOM _____
(First) (MI) (Last)

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

TEL[Day] _____
[area code]

TEL[Day] _____
[area code]

[Evening] _____
[area code]

[Evening] _____
[area code]

E-Mail: _____

E-Mail: _____

*Address of Married Couple
After Marriage:*

Address _____

(City) (State) (Zip)

PROGRAM DATES

Two Day Program: Two Saturdays - 9:30am to 2:30pm

2010
July 10 and 17, 2010
August 7 and 14, 2010
September 11 and 18, 2010

Enclosed is my check for _____ (\$150.00 per couple for Two-Day Program)

Or

Charge the Amount of \$ _____ to my ___ Visa or ___ Master Card (Sorry, no other cards)

Card Number

Credit Card Expiration Date _____

Signature _____

Received _____
Check or CC _____
Confirmed _____

Make Checks payable ad mail with the registration to:

Franciscan Center
459 River Road
Andover, MA 01810

or

FAX this form with
Credit Card info to:
978-858-0675