

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 3:00pm

2009	2010
August 1 and 8, 2009	January 9 and 16, 2010
September 12 and 19, 2009	February 6 and 13, 2010
October 3 and 10, 2009	March 6 and 13, 2010
November 7 and 14, 2009	April 10 and 17, 2010
December 5 and 12, 2009	May 1 and 8, 2010
	June 5 and 12, 2010

Indicate your preferred dates and we will do our best to accommodate you:

First Choice: _____ Second Choice _____

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 *or* FAX this form with
Andover, MA 01810 Credit Card info to:
978-858-0675