CATHOLIC ENGAGED ENCOUNTER

National: http://www.engagedencounter.org/ Local: https://ceelafayette.org/

Reservation Form

WEDDING DATE: C	CHURCH LOCATION:	
MARRIAGE PREPARATION PRIEST/DEACON:		
OFFICIATING PRIEST/DEACON:		
CHURCH OF WORSHIP:		
CITY, STATE:		
GROOM		BRIDE
	LAST NAME	
	FIRST NAME	
	NAME YOU PREFER	
	MAILING ADDRESS	
	CITY/STATE/ZIP	
номе: () -	PHONE NUMBERS	номе: () -
CELL: () -	NUMBERS	CELL: () -
work: () -	EMAIL	WORK: () -
	RELIGION	
	DATE OF BIRTH	
	SPECIAL MEDICAL NEED OR DIET?	
WEEKEND DATE REQUESTED: 1 ST CHOICE		
2 ND CHOICE		

TOTAL COST: \$200 per couple Make check payable to CATHOLIC ENGAGED ENCOUNTER

\$100 of the total cost is **non-refundable** and the minimum amount required to secure a reservation, with the balance due upon arrival at the retreat. Upon receipt of this form an email or written confirmation will be sent within 10 business days.

Mail complete form and payment to:

Catholic Engaged Encounter c/o Paul & Carolyn Trahan, 509 East Saint Victor Street Abbeville, LA 70510