

CATHOLIC ENGAGED ENCOUNTER

National: <http://www.engagedencounter.org/>

Local: <http://www.lafayettecee.org/html>

Reservation Form

(Please print, complete, and mail with money to 509 E St Victor Street, Abbeville, LA 70510)

WEDDING DATE: _____ 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		
HOME:	PHONE NUMBERS	HOME:	
CELL:		CELL:	
WORK:		WORK:	
	EMAIL		
	RELIGION		
	DATE OF BIRTH		
Any special medical or food needs?		Any special medical or food needs?	

WEEKEND DATE REQUESTED: 1ST CHOICE _____

2ND CHOICE _____

Total cost: \$200 per couple

Make check payable to CATHOLIC ENGAGED ENCOUNTER.

*\$100 of the total cost is **non-refundable** and the minimum 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 completed form and payment to:

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