

***THREE TO GET MARRIED* COMMUTER RETREAT
REGISTRATION FORM**

To enroll in the *THREE TO GET MARRIED* RETREAT, please complete all information on this form. Check for \$250 should be made payable to **Center for Family Development**. Please mail registration form and check to:

The Family Life Office
222 North 17th Street
Philadelphia, PA 19103

Group # L1 _____ (Nov. 6-8, 2009)

Group # L2 _____ (April 23-25, 2010)

WEDDING DATE (if known) _____ **REMARRIAGE:** Yes ___ No ___

BRIDE'S NAME _____

STREET _____

CITY/STATE/ZIP _____

TELEPHONE _____ **Cell Phone** _____

EMAIL _____ (Please print legibly)

RELIGIOUS DENOMINATION: _____

CATHOLIC PARISH _____

GROOM'S NAME _____

STREET _____

CITY/STATE/ZIP _____

TELEPHONE _____ **Cell Phone** _____

EMAIL _____ (Please print legibly)

RELIGIOUS DENOMINATION: _____

CATHOLIC PARISH _____

NAME OF CATHOLIC PRIEST handling documentation for the marriage;

Father _____ Parish _____

Address _____ City/State/Zip _____