



## CATHOLIC ENGAGED ENCOUNTER REGISTRATION FORM

We would like to attend a Catholic Engaged Encounter Weekend. We understand that the weekend is for couples who have a definite commitment to each other and who are “free to marry” according to the teachings of the Roman Catholic Church.

**To Register:** Please visit our website at <https://www.ceeniagara.ca>

Download the registration form, complete and email to [ceeniagara@gmail.com](mailto:ceeniagara@gmail.com)

For more information, call or email Jennifer or Celine at [ceeniagara@gmail.com](mailto:ceeniagara@gmail.com)

Jennifer Stoop 289-228-0140 Celine de Grosbois 289-241-4390

The 2025 fee is \$500. It includes accommodation and meals) can be paid by Interac e-transfer at [ceeniagara@gmail.com](mailto:ceeniagara@gmail.com).

**PLEASE PRINT CLEARLY**

### Groom:

His Full Legal Name: (for Certificate) \_\_\_\_\_  
(first name) (middle names) (last name)

His name for name tag: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

RELIGION \_\_\_\_\_ Please state in what religion or religions you were baptized: \_\_\_\_\_

AGE \_\_\_\_\_

**SERIOUS** Food allergies or vegetarian: (please indicate none if not applicable) \_\_\_\_\_

### Bride:

Her Full Legal Name: \_\_\_\_\_  
(first name) (middle names) (last name)

Her name for name tag: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

RELIGION \_\_\_\_\_ Please state in what religion or religions you were baptized \_\_\_\_\_

AGE \_\_\_\_\_

**SERIOUS** Food allergies or vegetarian: (please indicate 'NONE' if not applicable) \_\_\_\_\_

### DATE OF ENGAGED ENCOUNTER WEEKEND FOR WHICH YOU ARE REGISTERING:

(for dates of upcoming weekends refer to <https://www.ceeniagara.ca>): \_\_\_\_\_

WEDDING DATE \_\_\_\_\_ ROMAN CATHOLIC PRIEST OR DEACON'S NAME: \_\_\_\_\_

CHURCH NAME AND EMAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_ City \_\_\_\_\_ PC \_\_\_\_\_