

Date of Course: \_\_\_\_\_

Fee \$250.00 paid? \_\_\_\_\_

Course completed? YES NO

Please note: You are not considered registered until after fees are paid (Please pay fees at least 2 weeks before course begins)

September 2017



Registration form for St. Anthony's Marriage Prep

BRIDE: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code; \_\_\_\_\_

Phone: (H) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (W) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (C) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_

Religion: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

GROOM: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code; \_\_\_\_\_

Phone: (H) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (W) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (C) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_

Religion: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Do you have children? Ages? \_\_\_\_\_

Location of wedding

Church : \_\_\_\_\_ City: \_\_\_\_\_

Wedding Date: \_\_\_\_\_

Please return this form to St. Anthony's Parish 2704-56 Ave. Lloydminster AB, T9V 2C1 Email: anthony5@shaw.ca Fax: 780-875-2891 Phone: 780-875-2883 Thank You