

CATHOLIC ENGAGED ENCOUNTER

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

Local: <https://ceelafayette.org/>

Reservation Form

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		
	SPECIAL MEDICAL NEED OR DIET?		

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 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 Tom & Geraldine Rizzuto,
121 Orgeron Drive
Lafayette, LA 70506*