



Louisville Catholic Engaged Encounter

NO REGISTRATIONS WILL BE TAKEN BY PHONE OR ONLINE.

Please complete and return this form with check made payable to:

LOUISVILLE CATHOLIC ENGAGED ENCOUNTER, P.O. Box 20244, Louisville, KY 40250-0244

PLEASE PRINT and fill out in full the following information (Include name as you wish to appear on your name tag):

Engaged Encounter Session Date: 1st choice _____ 2nd choice _____

Bride's Name _____

Groom's Name _____

Address _____

Address _____

Phone (work) _____
(home) _____

Phone (work) _____
(home) _____

Email _____

Email _____

Age _____

Age _____

Religious Affiliation _____

Religious Affiliation _____

First Marriage? Yes No

First Marriage? Yes No

Wedding Details:

Officiating Priest _____

Date _____

Church _____