

For Office Use Only:  
 Date Received: \_\_\_\_\_  
 Check Amount: \_\_\_\_\_  
 Check Number: \_\_\_\_\_  
 Amount Due: \_\_\_\_\_



**Saint Basil Salvatorian Center**

30 East Street  
 Methuen, MA 01844  
 978 683-2959

**CONFIDENTIAL**

**Pre-Cana Application**

Today's Date: \_\_\_\_\_ Pre-Cana Date: \_\_\_\_\_

Date of Intended Marriage: \_\_\_\_\_

The cost of the program is \$120.00 per couple which includes a non-refundable processing fee of \$20. Register by phone, or mail a check of \$120.00 with completed application to:

*Saint Basil Pre-Cana  
 30 East Street  
 Methuen, MA 01844*

Dress code is casual. Lunch/coffee/refreshments/work materials provided.  
 Directions/confirmation letter mailed upon receipt of completed application.

<u>Bride</u>	<u>Groom</u>
Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Age: _____	Age: _____
Previous Marriage: _____	Previous Marriage: _____
Home/Cell Telephone: _____	Home/Cell Telephone: _____

**Pre-Cana Calendar 2009/2010**

September 11-12, 2009	May 7-8, 2010
October 16-17, 2009	June 11-12, 2010
December 11-12, 2009	September 10-11, 2010
January 15-16, 2010	October 22-23, 2010
February 12-13, 2010	December 10-11, 2010
April 16-17, 2010	

**FRIDAY - 7:00 TO 9:30 PM**  
**SATURDAY - 9:00 TO 4:00 PM**

**Visit our Website for additional information/applications**  
**[www.saintbasils.org](http://www.saintbasils.org)**