

For Office Use Only:
 Date App Rec: _____
 Date Pmt Rec: _____
 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 \$140.00 per couple which includes a non-refundable processing fee of \$20. Register by phone, or mail a check of \$140.00 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.

PLEASE PRINT CLEARLY

<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: _____
E-mail address: _____	E-mail address: _____

Pre-Cana Calendar 2016-2017

- | | |
|----------------------|----------------------|
| September 9-10, 2016 | May 12-13, 2017 |
| October 21-22, 2016 | June 9-10, 2017 |
| December 9-10, 2016 | September 8-9, 2017 |
| January 20-21, 2017 | October 20-21, 2017 |
| February 17-18, 2017 | December 15-16, 2017 |
| April 21-22, 2017 | |

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

**Visit our Website for additional information/applications
www.saintbasils.org**