

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 (Fax) 978.794.3379

**CONFIDENTIAL**

**Pre-Cana Application**

Today's Date: \_\_\_\_\_ Pre-Cana Date: \_\_\_\_\_  
 Date of Intended Marriage: \_\_\_\_\_

The cost of the program is \$150.00 per couple which **includes** a non-refundable processing fee of \$20.  
 Register by phone, email, fax or mail a check of \$150.00 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 2018-2019**

- |                      |                      |
|----------------------|----------------------|
| September 7-8, 2018  | May 10-11, 2019      |
| October 12-13, 2018  | June 14-15, 2019     |
| December 14-15, 2018 | September 6-7, 2019  |
| January 11-12, 2019  | October 11-12, 2019  |
| February 15-16, 2019 | December 13-14, 2019 |
| April 12-13, 2019    |                      |

**FRIDAY - 7:00 TO 10:00 PM  
 SATURDAY - 9:00 TO 5:00 PM**

**Visit our Website [www.saintbasils.org](http://www.saintbasils.org) for additional information/applications  
 Email: [stbasilcenter@comcast.net](mailto:stbasilcenter@comcast.net)**