

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 (Email) center@saintbasils.org

CONFIDENTIAL

Pre-Cana Application

Today's Date: _____ Pre-Cana Date: _____

Date of Intended Marriage: _____

The cost of the program is \$195.00 per couple which **includes** a non-refundable processing fee of \$20.
 Register by phone, email, fax or mail a check of \$195.00 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

Bride

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Age: _____
 Previous Marriage: _____
 Home/Cell Telephone: _____
 E-mail address: _____

Groom

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Age: _____
 Previous Marriage: _____
 Home/Cell Telephone: _____
 E-mail address: _____

Pre-Cana Calendar 2026-2027

December 11-12, 2026

February 12-13, 2027

May 7-8, 2027

June 11-12, 2027

September 10-11, 2027

December 10-11, 2027

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

Visit our Website www.saintbasils.org for additional information/applications
Email: center@saintbasils.org