

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**

**Bride**

**Groom**

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 6-7, 2019

May 8-9, 2020

October 11-12, 2019  
December 13-14, 2019  
January 17-18, 2020  
February 14-15, 2020  
April 17-18, 2020

June 12-13, 2020  
September 11-12, 2020  
October 9-10, 2020  
December 11-12, 2020

**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)**

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