

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 \$150.00 per couple which includes a non-refundable processing fee of \$20. Register by phone, 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 2020**

February 14-15

September 11-12

April 17-18  
May 8-9  
June 12-13

October 9-10  
December 11-12

**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)**

Rev. 1/9/2020