

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**

<u><b>Bride</b></u>	<u><b>Groom</b></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 2023-2024**

February 9-10, 2024  
 May 10-11, 2024

September 13-14, 2024  
 December 13-14, 2024

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

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