

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. Payment is requested with registration. 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>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 2025

February 14-15, 2025	September 12-13, 2025
May 9-10, 2025	December 12-13, 2025
June 13-14, 2025	

**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**