

**MILWAUKEE CATHOLIC  
ENGAGED ENCOUNTER:**

**NO REGISTRATIONS ARE TAKEN BY PHONE.**

Please complete and return this form with check for \$50.00 made payable to:  
**MILWAUKEE CATHOLIC ENGAGED ENCOUNTER**

**Send to:**

**John and Louise Vos  
1060 Summit Dr  
Waukesha , WI 53186**

**If questions, please call us (262) 439-8559 or  
email: [loujon@email.com](mailto:loujon@email.com)**

**Engaged Encounter Weekend:- August 6-8, 2010 – St James Parish, W220 N6588 Town Line Road, Menomonee Falls, WI 53051**  
**Schedule: – Friday-(7pm-10pm), Saturday-(7:30am-9pm), Sunday-(7:30am –3pm)**

PLEASE PRINT and fill out in full the following information (Include name as you wish it to appear on your name tag and Certificate):

Bride's Name \_\_\_\_\_

Groom's Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (work) (\_\_\_\_) \_\_\_\_\_ (home) (\_\_\_\_) \_\_\_\_\_

Phone: (work) (\_\_\_\_) \_\_\_\_\_ (home) (\_\_\_\_) \_\_\_\_\_

(cell) (\_\_\_\_) \_\_\_\_\_

(cell) (\_\_\_\_) \_\_\_\_\_

Age \_\_\_\_\_ Email: \_\_\_\_\_

Age \_\_\_\_\_ Email: \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

First Marriage? Yes \_\_\_\_\_ No \_\_\_\_\_

First Marriage? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Wedding \_\_\_\_/\_\_\_\_/\_\_\_\_(mm/dd/yyyy)

Date of Wedding \_\_\_\_/\_\_\_\_/\_\_\_\_(mm/dd/yyyy)

Officiating Priest \_\_\_\_\_

Officiating Priest \_\_\_\_\_

Parish/Church/City \_\_\_\_\_

Parish/Church/City \_\_\_\_\_